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The Newsweekly for Pharmacy

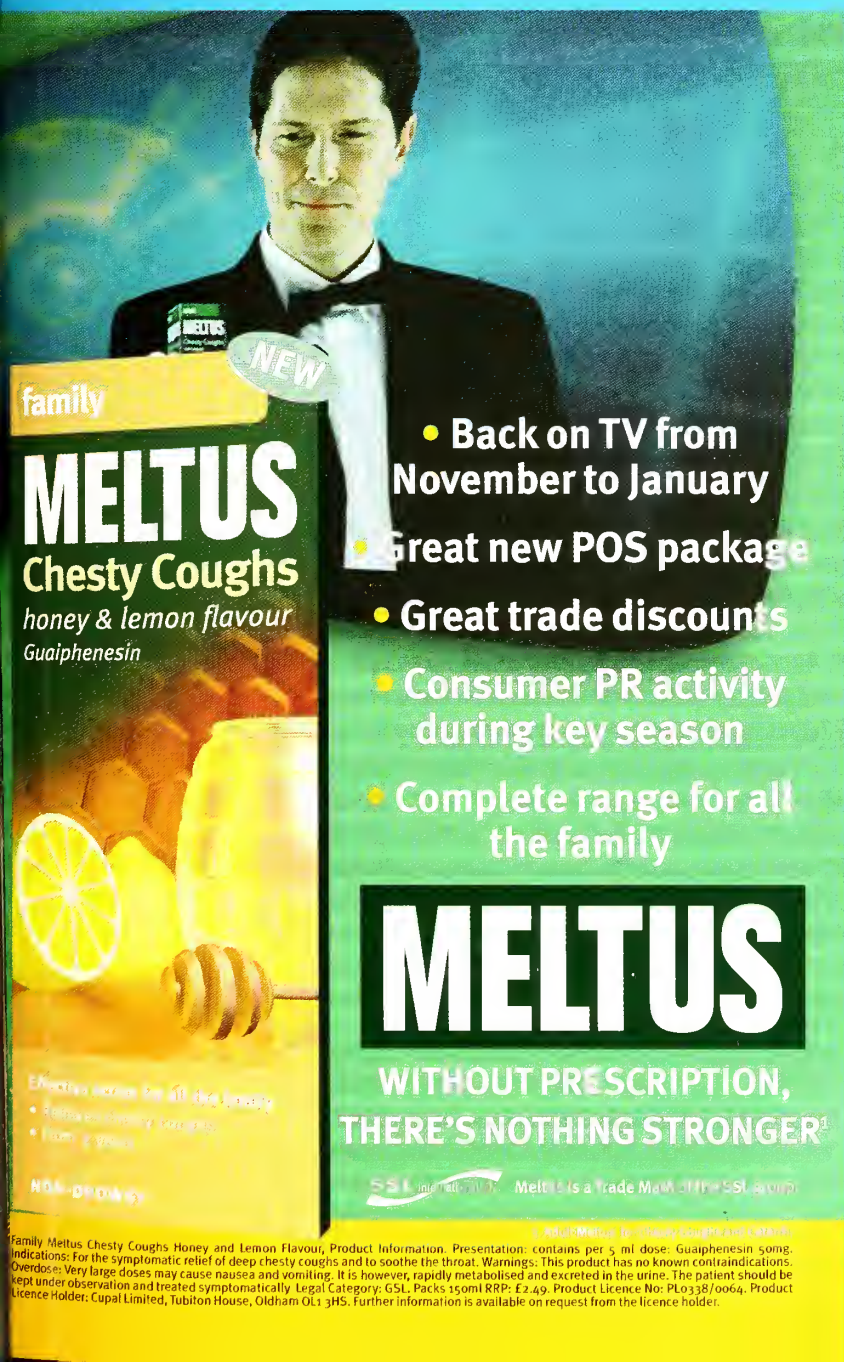
23 October 2004

Queen gives approval to new Charter

Big pharma under fire at MP inquiry

Boots sells off laser eye care and dentistry

Stocking up with scents for seasonal sales



family

MELTUS
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honey & lemon flavour
Guaiphenesin

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1. Meltus is a Trade Mark of the SS1 group.

Family Meltus Chesty Coughs Honey and Lemon Flavour, Product Information. Presentation: contains per 5 ml dose: Guaiphenesin 50mg. Indications: For the symptomatic relief of deep chesty coughs and to soothe the throat. Warnings: This product has no known contraindications. Overdose: Very large doses may cause nausea and vomiting. It is however, rapidly metabolised and excreted in the urine. The patient should be kept under observation and treated symptomatically. Legal Category: GSL. Packs 150ml RRP: £2.49. Product Licence No: PL0338/0064. Product Licence Holder: Cupal Limited, Tubiton House, Oldham OL1 3HS. Further information is available on request from the licence holder.





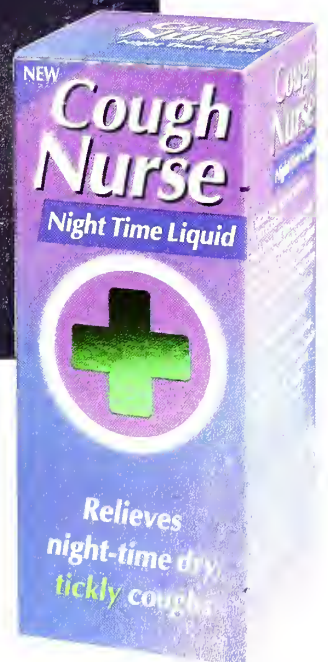
Tickly coughs.



When the mucous lining of the throat becomes inflamed and sensitive, it triggers repeated bouts of dry tickly coughs, which can seriously disturb a good nights rest. If for any reason we have inadequate restful sleep we wake up tired and unable to cope the next day. Cough Nurse Night Time Liquid

Cough Nurse Night Time Liquid. **Presentation:** Clear, yellow-green coloured syrup containing diphenhydramine hydrochloride 50 mg, pholcodine 15 mg per 20 ml. **Uses:** Symptomatic relief of dry, tickly, unproductive cough. **Dosage and administration.** *Adults and children 12 years and over.* 20 ml at bedtime. *Children under 12 years.* Not recommended. **Contraindications:** Hypersensitivity to ingredients. Avoid in pregnancy and lactation. **Precautions:** May cause drowsiness, if affected do not drive or operate machinery. Avoid alcoholic drink. Caution required.

Night, night.



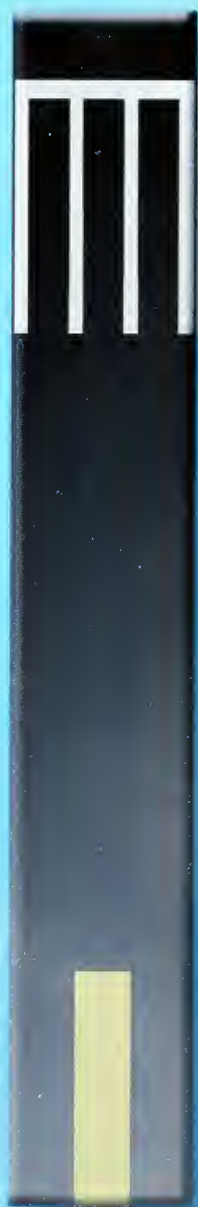
...specially designed to dampen down night time tickly coughs. And so aids restful sleep.
For further information on new Cough Nurse, simply visit us at www.practicehealth.co.uk
Stock New Cough Nurse. Because a peaceful night means a better day.

Diphenhydramine Hydrochloride, Pholcodine

...patients taking anticholinergics (e.g. atropine, tricyclic antidepressants) Side effects: Occasionally nausea, vomiting, drowsiness, skin rashes, anticholinergic side effects (e.g. dry mouth)
...tion or depression, irritability and nightmares. Legal category: P Product licence number: PL 00014/0230 Product licence holder: The Boots Company Plc, 1 Thane Road West,
...tingham, NG2 3AA Package quantity and RSP: 150 ml £3.99 Date of preparation: September 2004. Cough Nurse is a trademark of the GlaxoSmithKline group of companies

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Optical Express is to take over dental and laser eye correction businesses being sold by The Boots Group Plc. Optical Express will have completed the takeover by the year end

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Paralympic freestyle skier David Healy, who won a gold medal at the 2004 Paralympics in Athens, is one of the athletes who will be competing in the 2008 Paralympics in Beijing. Healy is a member of the British Paralympic team and is currently training in the UK. Healy is a member of the British Paralympic team and is currently training in the UK.

DoH to look at GSL issue

Health minister Rosie Winterton has confirmed the Government will consult on changes to the sale of GSL medicines in pharmacies.

Highlighting the Government's intention to consult on possible changes to legislation regarding the arrangements for the dispensing and sale of medicines as stated in the *Vision* document published last year, Ms Winterton said in Parliament this week: "That remains our intention."

Ms Winterton's comments were in response to a question by Nick Harvey, Lib Dem MP for Devon North, asking if the secretary of state will amend current legislation to allow pharmacies to sell GSL medicines in the absence of a pharmacist.

The Royal Pharmaceutical Society highlighted an anomaly in the *Medicines Act* that restricts GSL medicine sales from pharmacies in the absence of a pharmacist, but allows such products to be sold freely from other retail outlets.

Although the DoH is considering whether changes to legislation governing personal control are necessary, the Society advises members to comply with the current regulations as it has no choice but to enforce the law.

MPs hear claims of drug industry 'bribes'

by Fiona Salvage

fsalvage@cmpinformation.com

The UK medicines regulatory system is flawed and GPs are being duped into prescribing inappropriately, it was suggested by MPs last week.

And the Yellow Card Scheme for reporting adverse drug reactions is failing, witnesses told members of the Commons Health Select Committee.

David Healy, from the North Wales Department of Psychological Medicine, said the *Journal of the Royal Society of Medicine* was 100 times more effective at tracking post than the medicines regulatory system was at tracking patients who had been injured or killed by SSRIs.

Ghost-written articles have appeared in journals such as the *BMJ* and *The Lancet*, which did not reflect the raw trial data,

claimed Professor Healy.

Drug companies were accused of forging clinical record cards from trials to "erase" adverse event information and offering "bribes" to encourage academics not to publish damaging data, claimed Peter Wilmshurst, a cardiologist at the Royal Shrewsbury Hospital.

While Dr Des Spence from anti-drugs industry lobby group No Free Lunch UK said giving PCTs the power to determine a trust-wide formulary would not stop drug sales reps influencing prescribing: "The reps would exert their influence at the PCT level instead," he warned.

A spokesman for the Association of the British Pharmaceutical Industry said afterwards that the industry was not interested in having non-scientific results and it was not

going to put an expensive R&D process at risk with unfounded results. He said it was quite right for formulary decisions to be kept at practice level so they remain flexible for local needs. He added: "It is quite right that drugs reps should be able to talk to prescribers and inform them of new drugs."

Richard Brooks, chief executive of mental health charity Mind, said the Medicines and Healthcare products Regulatory Agency was worried about lawsuits from the pharmaceutical industry if it made the wrong decision in the SSRI review rather than focusing on the public health aspect.

The Health Select Committee is conducting an inquiry into the influence of the pharmaceutical industry. The NPA and RPSGB will give evidence at the next hearing on November 11.

Nucare conference

Nucare has announced that its 10th annual conference will take place from May 6 to 8, 2005 at the Marriott Bristol City Centre Hotel. Further details will be announced over the next few months, it says.




Skills for the Future

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Skills for the Future

Module 9
Drug Interactions

is included with this issue

YPG project gears up with £135,000 of backing

A Young Pharmacists' Group project to run a cutting-edge pharmacy that would share its research free with other pharmacists has received pledges totalling £135,000 from supporters.

Project manager Mark Koziol said about £62,000 of this had been sent in and that he was planning to "re-invigorate" the project in 2005. The project was launched in 2001 but Mr Koziol said his legal challenge against the

Royal Pharmaceutical Society's Charter application had slowed down progress. "[But] I fully intend to get straight back into it early next year," he said.

At the original launch, Mr Koziol explained that the YPG Pharmacy, which will be set up in a run down inner city area near a School of Pharmacy, would re-invest all profits to support lectures and workshops, postgraduate research grants, and develop pro-pharmacy initiatives.

The project will also help young pharmacists interested in acquiring their own pharmacy.

● The NPA is to examine how it can help pharmacists purchase their own business.

Chief executive John D'Arcy said the new pharmacy contract would lead to renewed interest among pharmacists on purchasing their own pharmacy. He said there was a need to highlight the economic fundamentals around purchasing a business.

MEDICINES

Art graduate looks at packaging

The National Patient Safety Agency has sponsored a Royal College of Art graduate to investigate medicines' packaging design to make it safer.

Thea Swayne will spend a year investigating, designing and developing enhanced drug packaging. Her work follows recommendations made in the Department of Health and Design Council report *Design for patient safety* last year. She aims to complete pack designs to help pharmacists and patients by looking at the 'journey' medicines take from manufacturer through pharmacist to patients; and the ways different groups handle and use the medication.

NPSA design manager Colum Menzies Lowe said: "The areas of particular interest will be where design can have an impact on 'picking and selection error' in the pharmacy, concentrating on known patient safety incidents."

● Companies must be compliant with the existing child resistant packaging legislation by October 2005, health minister Rosie Winterton said recently. "The Government will continue to keep the issue of child safety under review and if particular medicines are considered to pose a problem the legal requirements may be revised."

For more information:
www.npsa.nhs.uk

Telephone pilot aims to engage patients

A pilot scheme aiming to improve outcomes in patients with chronic diseases has been set up in North London.

Jointly funded by NatPaCT and the pharmaceutical company Pfizer, the project involves five full-time equivalent care managers who give telephone support and coaching to 600 patients suffering from diabetes, heart failure or coronary heart disease.

Started last month, the year-long initiative aims to improve patients' medication compliance and attendance at appointments. The project has been designed to be cost-neutral to Haringey Teaching PCT.

Project manager Graham Prestwich said that although the project did not directly involve pharmacists, it aimed to link 'at risk' patients with relevant services as quickly as possible. An example of this was a Haringey PCT chronic disease management programme that referred patients to accredited pharmacists, he said.

Using a software package called InformaCare, staff can access patient records, NHS and PCT guidelines and protocols, and

information on local resources. All content has been approved by an independent advisory panel of primary and secondary care clinicians. The care managers will transmit information from telephone calls back to GPs.



Left to right: Project Manager Graham Prestwich, Project Manager Colum Menzies Lowe, Project Manager Rosie Winterton, Project Manager Rosie Winterton, Project Manager Rosie Winterton. The project involves five full-time equivalent care managers who give telephone support and coaching to 600 patients suffering from diabetes, heart failure or coronary heart disease. The project has been designed to be cost-neutral to Haringey Teaching PCT.

TECH

Pharmacy diabetes scheme may be extended

UniChem has said it is hoping to extend its joint programme with a London PCT that involves pharmacists giving advice to patients with diabetes.

Following GP referral to a participating pharmacy, patients receive information on their disease and medication advice from the pharmacist.

Patients meet the pharmacist every two months for disease monitoring and to ensure they are getting the most from their treatment.

The scheme currently runs in 10 pharmacies in Hillingdon PCT, but Alistair Marsh, network

director of Pharmacy Alliance, UniChem's medicines management division, said the company hoped to extend it across the PCT.

He also highlighted how the project would fit into the new pharmacy contract.

"The new contract will mean that pharmacists will need to take part in more disease management schemes.

"This programme is an excellent example of the potential role of community pharmacy in delivering patient support and advice on long-term health conditions," Mr Marsh said.

MEDICINES

CV effects of Celebrex to be studied

Pfizer has announced a new study to assess whether celecoxib has an adverse effect on patients with cardiovascular disease.

The pharmaceutical company is sponsoring the trial following MSD's recent recall of Vioxx (rofecoxib). The product withdrawal was triggered when users were found to be at increased risk of myocardial infarction or stroke (*C&D*, Oct 9, p4).

The trial is part of a large research programme examining the use of Celebrex in patients with cardiac problems.

My pharmacist said
 "If you're going to
 quit smoking, you
 better have
 a plan."



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NiQuitin CO 2mg/4mg Lozenge and Mint Lozenge (nicotine) for relief of nicotine withdrawal symptoms during smoking cessation. **Dosage:** Adults only: 4 mg if smoke within minutes of waking, 2 mg if longer. Stop smoking completely. Weeks 1 to 6; 1 lozenge every 1 to 2 hours (min. 9 max. 12); weeks 7 to 9; 1 lozenge every 2 to 4 hours, weeks 10 to 12; 1 lozenge every 4 to 8 hours. Weeks 13-24, 1 to 2 lozenges per day only when strongly tempted to smoke. **Contraindications:** Non-smokers, those under 18, PKU, recent stroke, severe arrhythmias, unstable/worsening resting

angina, hypersensitivity. **Precautions:** Hypertension, peptic ulcer, severe kidney/liver impairment, pheochromocytoma, hyperthyroidism, diabetes, cardiovascular disease, low sodium diet. Swallowed nicotine may exacerbate oral/pharyngeal inflammation, oesophagitis, gastritis, peptic ulcer. **Interactions:** Concomitant medication may need dose adjustment. **Side effects:** Depression, irritability, anxiety, insomnia, headache, dizziness, cough, cold. Nausea, hiccup, flatulence, GI disturbance, appetite change, oral irritation/ulceration, nightmares, restlessness, mood change, pharyngitis, thirst,

taste/sensory disturbance, dyspnoea, respiratory disorders, rashes, itching, sweating, numbness, flushes, vascular disorders, halitosis, chest pain, throat swelling, leg oedema, pain, malaise, wakefulness, palpitations, tachycardia, tooth/jaw ache, nocturia. **Pregnancy/lactation:** Try without nicotine replacement therapy. Medical assessment of risk/benefit if necessary. **GSL PL:** 00079/0369, 0370, 0373 & 0374. **PL holder:** GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. **Pack size and RSP:** 36's £8.99, 72's £17.49. **Date of last revision:** March 2004.

Pharma denies expert's 'corruption' allegations

by **Asha Fowells**

afowells@cmpinformation.com

Pharmaceutical companies have refuted claims they falsified clinical data, following allegations made by a drug safety expert.

At this week's European Healthcare Fraud and Corruption Conference, the former head of drug safety at the German drug regulatory authority Peter Schönhofer said drug companies were using falsified clinical trials to market their products. He cited examples including Vioxx, Seroxat and Lantus, saying information had been suppressed, omitted or reworded to make the drugs more attractive to prescribers.

A Merck Sharp & Dohme spokeswoman said she was surprised at the allegation that data on cardiovascular side effects found during the VIGOR trial of

rofecoxib had been omitted upon publication of the study results in the *New England Journal of Medicine*. "An inspection of the paper in question shows quite clearly both sets of data were published at that time," she said. "Merck is committed to disclosing balanced and accurate information regarding our hypothesis-testing clinical studies, regardless of outcome," she added.

Responding to accusations of suppression of negative studies for paroxetine, a spokesman from GlaxoSmithKline said: "GSK rejects any suggestion that the company attempted to hide results or mislead regulators or the medical community over paediatric clinical trials data for Seroxat." He added the company was co-operating with the ongoing MHRA investigation into antidepressants.

Sanofi-Aventis senior medical adviser for diabetes, Ed Piper, refuted the allegation that the company had omitted evidence of visual side effects from published studies.

"The 3006 study conducted in the USA was reported by the authors and published in the journal *Diabetes Care* in full, which included the side effect of retinal vascular proliferation. The results of this study were also reported in two other journals," Dr Piper said.

● The Department of Health has launched a consultation paper on possible legislation allowing NHS fraud specialists access to relevant documents and records so investigations can be tackled as efficiently as possible. More information is available at www.dh.gov.uk/consultations/livexconsultations and the closing date for responses is January 10.

GSK rapped for diabetes guidelines

The pharmaceutical company GlaxoSmithKline has been reprimanded after one of its representatives distributed diabetes treatment guidelines on NHS trust headed paper.

The Prescriptions Medicines Code of Practice Authority found GSK guilty of a "serious error of judgement" after a representative distributed copies of guidelines on thiazolidinedione therapy without company approval. The guidelines were originally prepared for a meeting by a PCT-employed diabetes nurse whose salary was supported by a GSK grant.

The PMCPA panel said the representative had failed to maintain a high standard of ethical conduct by presenting the guidelines on PCT paper. This erroneously gave the impression the document represented official local policy. The title *Guidelines for the use of thiazolidinediones* implied the paper was about the drug class in general although it only referred to rosiglitazone. This meant the guidelines were disguised promotion for GSK's product Avandia, the panel ruled.

The company acknowledged the seriousness of the error and took disciplinary action against the representative. Training had been provided and a reminder sent to the sales force.

No further action against GSK was necessary, the PMCPA decided.

For more information:

www.abpi.org.uk/links/assoc/pmcpa



Questiontime

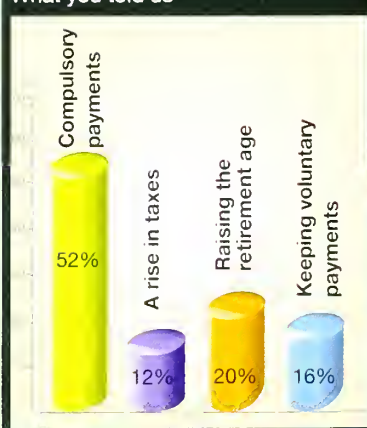
Last week we asked you: Which option do you think is the best answer to the pensions crisis? You replied (see right):

This week's question: The *Sunday Times* says Boots has applied for off licence status for 300 of its stores. Do you think pharmacies should be able to sell alcohol?

- Yes, as long as it is outside a defined healthcare area
- Yes, with no restrictions on in-store location
- Not sure

Record your vote on our website: www.dotpharmacy.com. The poll closes until noon on October 26 to cast your vote. We will publish the results in *C&D*, October 30.

What you told us



Parents choose GPs

Parents consider GPs more accessible than pharmacists, so are more likely to consult them for advice on children's ailments, a survey has revealed.

Of the 504 people interviewed for this year's Calpol Parenthood Survey, 28 per cent believed their GP was the most accessible form of healthcare advice, compared to 8 per cent who found their pharmacist easier to see.

After GPs, pharmacists were the second most trusted source for advice on minor ailments.

Masked men threaten staff

Staff were threatened with a knife while armed robbers stole drugs and money in a pharmacy near Glasgow recently.

Three masked men entered the High Blantyre Pharmacy and one threatened staff while the other two took diazepam, dihydrocodeine and a small amount of cash, said DI John Rodgers of Hamilton CID.

No one was hurt in the incident, but the pharmacist was too traumatised by the incident to talk to C&D.

To date, the police have not identified the persons responsible for the robbery, although individuals have been questioned and later released. Attacks on pharmacies are "pretty rare" in the area, said DI Rodgers.

● Thieves stole large quantities of drugs including diazepam and dihydrocodeine from Anderson and Ireland Chemist in Springburn, Glasgow, in the early hours of October 14. Police are currently appealing for information on the theft.

Cost of drugs rising

NHS expenditure on drugs in England reached £8,459 million in real terms in 2002-03, health minister Rosie Winterton has said.

This represents a 130 per cent increase on the £3,677m drugs bill in 1990-01.

Despite this increase, Ms Winterton said data was not available for what England's projected NHS drugs expenditure would be over the next 10 years.

DoH tackles TB increase

The Department of Health has announced measures to tackle the 25 per cent increase in tuberculosis cases over the last 10 years.

Entitled *Stopping Tuberculosis in England*, the strategy includes the provision of multilingual information, quicker screening of 'high risk' groups, increased vaccination of babies, and research into new drugs and vaccines to combat resistance.

For more information:

www.dh.gov.uk



Mair Davies, chairwoman of the RPSGB's Welsh Executive, has called on health professionals and political and patient groups in Wales to engage with the Society's devolution review. Speaking at the RPSIW's annual dinner on October 12, Ms Davies said the Society needed to "engage with the changing face of the delivery of health and social care in Wales, and to fully address the Welsh NHS agenda". Ms Davies is pictured at the dinner with Peter Higson, chief executive of Healthcare Inspectorate Wales

The reality of quitting in pharmacy

October 6th – Ray misses his nicotine 'hit' while he quits.

Advised to quit smoking before his operation, Ray started using nicotine patches last week, and came back for more today. He told me he has had some cravings and that he's concerned because he can't 'feel' the patches working.

I explained to him that because patches are designed to deliver less nicotine than cigarettes, they won't give him the same sensation of a nicotine 'hit', but they will help relieve his cravings. I reminded him that as well as the patches, he also needs willpower to give up smoking.

Ray's mind was set at ease about what to expect from his NRT, and he left the pharmacy more determined than ever to stop smoking for good.

Julie Longstaff, Pharmacist
Richmond Pharmacy

Quittin' with NiQuitin

Customers can visit Click2Quit.com to get their personal quit plan



NiQuitin CQ products are stop smoking aids. Further information is available on request from GlaxoSmithKline Consumer Healthcare, Brentford, TW8 9GS, U.K. GSL NiQuitin CQ, CQ and Click2Quit are trade marks of the GlaxoSmithKline group of companies.

QicSCRIPT progresses in real time

A hand holding a clapperboard in front of a blurred background. The clapperboard has the text "NUMARK: FEEL GOOD" and a table with columns "ROLL", "SLATE", "TAKE", and "FPS". The values are "4", "11", "1", and "50 FPS" respectively.

ROLL	SLATE	TAKE	FPS
4	11	1	50 FPS

A political focus for pharmacy

Carry on lobbying, urges Judy Viitanen, the NPA's head of public relations

Political strategists and pundits of all denominations are expecting a May 5, 2005 General Election. This means increased lobbying by pharmacy organisations such as the NPA, and individual pharmacists will be key to keeping pharmacy issues firmly on the political radar during this crucial pre-election period.

So the coming months will prove a pivotal period for individual pharmacists to consider arranging meetings with the local MP, and prospective parliamentary candidates in their constituency to discuss local community pharmacy and health issues.

As more decisions about healthcare are being taken locally, decision-makers must listen to what local people have to say about health issues. Now more than ever national and local elected representatives need to hear how pharmaceutical services and community care is developing on their patch.

We are sure MPs would be interested to hear your perspective on NHS developments. And as election fever builds up, we hope that many MPs will be approached by community pharmacists, individually and collectively.

MPs are at the heart of this country's decision-making processes. Pharmacists – and all health professionals – need to know how to lobby parliamentarians effectively to ensure that their voices are heard. To help local pharmacists learn about political awareness in health issues, the NPA PR department has produced two practical resources, *Lobbying At Local Level* and *A Guide to Parliamentary Procedures*. Both are free and provide hints and advice which explain how you can communicate effectively with your MP and government ministers.

An additional lobbying resource is the NPA's member-only intranet – *NP Inet* – which features a constantly updated Government news channel, with information on pharmacy and pharmaceutical-



related parliamentary questions (PQs), Early Day Motions (EDMs) and relevant political, government and Department of Health news items.

Influencing government policy on community pharmacy and healthcare depends on a combination of thoughtful strategy, targeted campaigns, coalition building, opinion, research and effective communications. The NPA adopts this approach, and as the General Election grows ever nearer, our lobbying strategy will focus on getting pharmacy into frontline healthcare policy within the election manifesto's of all three political parties; ensuring that we are part of the formulation of policy, rather than having to respond to an agenda set by others.

But as crucial as centralised advocacy and lobbying by the NPA and other pharmacy organisations will clearly prove during this election, individual pharmacists' contact with their local MPs will be equally valuable.

So, if you haven't done so already, introduce yourself to your constituency MP – and highlight a local or national pharmacy issue. Better still, why not invite your MP to visit your pharmacy, to see the many and varied ways in which community pharmacy is improving the health and well-being of our local communities?

The 2005 election will be 'grist to pharmacy's political mill': we must all ensure that pharmacy and its challenges are never far from the eyes and ears of MPs, Whitehall and local government.



**By Noel Wicks MRPharmS,
community pharmacy owner
and member of RPSGB council**

Burning questions answered

Pharmacists can now recommend a pharmacy-only medicine for recurrent heartburn that offers sufferers weeks free from their symptoms. How can pharmacists get their staff involved and capitalise on this opportunity?

A new POM to P?

Any new POM to P switch represents an opportunity to look at a category and think "are we up to date and geared up to offer the best treatment and advice?" Of course the GI category has always been a Pharmacy favourite and the everyday practice of dealing with these patients means staff generally know their stuff. This however can sometimes represent a problem when new classes of medicines are added to categories, as staff are loath to change from 'the old favourites'. My aim was to address this issue following the recent POM to P switch of omeprazole for recurrent heartburn.

What were the concerns?

One problem we experienced was that a change in thinking about the way we deal with recurrent heartburn sufferers was needed. Staff needed to be reassured that what they had been doing up until now was the right thing, but that with new products it was important to re-assess the way in which we respond to patients.

For a start my staff were worried that anyone who needed omeprazole or had recurrent heartburn should be seen by a doctor, or would need it long-term and therefore a prescription would be required. They

also felt that people should be trying other things before being recommended omeprazole.

What were the solutions?

Our overriding concern was that staff became confident and happy recommending omeprazole to the appropriate patients. This was done through a combination of training aimed at improving their knowledge of heartburn and the associated products. We used an educational package from GSK, which included a simplified heartburn algorithm. Once they were up to speed with the theory, I asked them to observe my consultations with recurrent heartburn sufferers.

The outcome?

For a relatively small amount of time and effort I now have staff who understand that pharmacy is the perfect place for offering guidance and treatment to recurrent heartburn sufferers. It is also the place where many sufferers treat themselves inappropriately and can be helped with a good consultation. They also feel comfortable recommending omeprazole first line with a 'step-in' approach rather than a 'step-up' approach.

From my point of view I am now more than happy to allow my staff to help this group of patients.

**This is the second article in a six-week series,
sponsored by Zanprol®**



NEXT WEEK

Professor Horne discusses how pharmacists can encourage patient adherence to this new treatment concept

Zanprol is for the relief of reflux-like symptoms (eg heartburn). Further information is available from GlaxoSmithKline Consumer Healthcare, Brentford, Middlesex TW8 9GS. Legal Status: P. ZANPROL is a registered trade mark of the GlaxoSmithKline group of companies.

ContractQUESTIONS

Sue Sharpe, PSNC's chief executive, answers questions about the new pharmacy contract in England and Wales

Contractors have approved the format of the contract so what is happening now? Is it going to be the same for England and Wales?

Pharmacy contractors will receive a copy of the new contract book in the week beginning October 25, which includes detail of the services and funding, and will be sent the ballot forms shortly afterwards. We hope they will read the book carefully, attend one of PSNC's roadshows and vote in the ballot.

PSNC will be holding roadshows across the country from October 31 until November 14 for contractors or their authorised manager, LPC secretaries and LPC members only. Following a presentation there will be an opportunity to ask questions about the new contract. Community Pharmacy Wales will be hold four roadshows for Welsh contractors. **How will I know whether the new contract is better or not for me compared to the existing one?**

The funding details will provide information about the money contractors can typically expect to receive under the new contract. They will know what they currently gain from the global sum payments, which are at present the only guaranteed payments for services.

What will I be asked to vote on in terms of funding? Contractors will be asked to vote for or against the new contract proposals as set out in the book, the combination of the funding and the services. It will be a simple yes/no vote.

When is the new contract going to come into effect? How will it be introduced? The new contract will begin, subject to the contractor ballot, early in 2005. Contractors will be expected to make arrangements to comply fully with the new essential services as soon as possible but there will be an introductory period to allow time for adjustments to be made.

Will I expect my workload to change? That's a big question; much will depend on whether you decide to become an advanced services provider. There will be an



increased focus on provision of advice: in support for self-care, health promotion and participation in public health campaigns. Increasingly pharmacists' time will be directed towards these services and dispensing tasks will be undertaken by support staff. ● PSNC roadshows will take place as follows. These events are open to pharmacy contractors or their authorised manager, LPC secretaries and LPC members only. Sunday roadshows will include identical morning and afternoon sessions. Morning sessions: 10.30am-12.30pm. Afternoon sessions: 2.30pm-4.30pm. Weekday sessions will start at 7pm.

Date	Venue
October 31	Birmingham Maidstone Runcorn
November 4	Preston Mold*
November 7	Basingstoke Brighouse Cambridge South Mimms
November 8	Carmarthen* London Plymouth Newport
November 14	Bristol Darlington Nottingham Llandrindod Wells*

* Sessions in Wales are being organised by Community Pharmacy Wales

For more information:
www.psnco.org.uk/contract

Please e-mail your views to chemdrug@cmpinformation.com

It's not unhealthy to profit from health

Having read the letter from Mr U A Patel (*C&D*, October 2, p16), I feel he has attacked the pharmaceutical industry needlessly.

His unjustified comments in attacking the industry for making profits through helping the sick may as well be the same argument the Government raises about us! Does he not want to make a living by helping others through his specialised skills? Can he afford to help the sick and not make a profit? Don't other healthcare practitioners earn a living?

Surely if we can be rewarded for helping the fallen and preventing others getting ill then I cannot think of a more challenging career. Commensurately, the more

successful we are the more we should be recognised and our costs covered.

Without the industry ploughing huge resources into the agenda for the future we would still be in the Dark Ages, medically speaking, and we should not inhibit progress in such an important area within appropriately defined governance procedures.

We should also be focusing on improving ways of team-working, not burning bridges with our allies.

Surely angst should be directed at those involved in healthcare who don't help the sick and still make a profit!

Sultan 'SID' Dajani,
member of Council, RPSGB

A returning locum's view

As a pharmacist/manager for one of the large multiples which first appeared in my area about 15 years ago, and which took over the company I then worked for, I would say that David Morgan's view of their activities is true, but would add that he has focused almost entirely on the staffing position (*C&D*, Oct 16, p22).

Indeed in that respect he cannot know that area staff, presumably what he means by 'executives', seldom last for more than a few months, but he must have noticed that they have little or no knowledge of the profession of pharmacy.

He does mention in passing inefficiencies in stock handling and control, and this is another illustration of the companies' lack of business acumen.

Their regularly changing 'planograms' (merchandising diagrams) result in inappropriately high stock levels of large numbers of slow moving lines which are constantly shunted out to the stock room to await their date expiry and destruction, whilst popular lines are de-stocked against the protests of the staff who have local knowledge and experience. New lines added to planograms are very often not available from the warehouse or are indeed already

discontinued by the manufacturers. This, if area management had its way, would result in gaps on shelves rather than the substitution of lines which we know we could sell. Fortunately, area managers are too busy with their paperwork to visit us very often. New lines are not stocked until TV advertising has ended and demand has fallen.

Dispensary lines ordered in error, eg by locums, and wrongly delivered shop items may not be returned to the warehouse and might just as well be immediately disposed of instead of being stored until expiry. So much for my job description, which states that I should adjust the business to take advantage of local opportunities.

All of this has a very lowering effect on staff morale and I am sure that shareholders would be horrified if they knew the effect it has on profit.

I congratulate you for your courage in publishing this much needed appraisal in the face of the possibility that you may lose a lot of subscription income should the companies decide that we no longer need the *C&D Price List*, invaluable to us though it may be, as indeed they have done in the past.

Name and address supplied

For C&D to publish your letter, please include your name, address and a contact number or e-mail address

All nasal decongestants contain preservatives.

Right?



Wrong.

The truth is, there is a modern nasal decongestant spray that doesn't contain a preservative. Because research has shown that preservatives like benzalkonium chloride may cause sensitisation.¹

In Germany, researchers Deitmer and Scheffler concluded that a preservative-free formulation would

be preferred.¹ And in Germany preservative-free Nasivin has become a significant pharmacy product.

Now preservative-free Nasivin is here in the UK. Containing oxymetazoline, you know a Nasivin recommendation should be effective. But beyond that, customers will appreciate the fact that Nasivin is preservative-free, has just twice daily dosing, and can be used for up to 14 days continuously.



oxymetazoline hydrochloride

Preservative-free nasal decongestion

NASIVIN Presentation: 10ml Spray contains Oxymetazoline Hydrochloride Ph Eur, 0.05% w/v. Indications: For the relief of nasal congestion associated with disorders of the upper respiratory tract including infective and allergic rhinitis, sinusitis, naso-pharyngitis and coryza. **Dosage and Administration:** Adults and children over 6 years, spray once into each nostril every 12 hours. Not recommended for children under 6 years of age. **Contraindications:** In patients with known hypersensitivity to sympathomimetics. In patients receiving monoamine oxidase inhibitors or within 14 days of stopping such treatment. In acute coronary disease, cardiac asthma, hyperthyroidism, or closed-angle glaucoma. **Cautions:** Continuous therapy should not exceed two weeks. NASIVIN SPRAY should not be used in pregnancy unless considered essential by the physician. **Undesirable effects:** Prolonged use may cause rebound vasodilation and rhinitis. **Overdose:** No experience of overdose, but supportive measures would be the appropriate treatment. **Legal Category:** GSL. **Recommended Retail Price:** 10ml £3.45. **Product Licence Number:** PL 01932 / 0038. **Product Licence Holder:** Seven Seas Limited, T/A Merck Consumer Health, Hedon Road, Marfleet, Kingston upon Hull, HU9 5N. **Date of Preparation:** Dec-03. **References:** 1. Data on File, 2000. Expert Report on the Clinical Documentation



Our question to pharmacists this week was: Which option do you think is the best answer to the pensions crisis?

"Raising taxes – the major problem is people don't make any contributions during their life and get all the benefit, which isn't fair"

Scott Lewis,
Port Talbot

"It's a difficult question because there is no easy answer but I'd say voluntary payments because I don't believe anything should be compulsory"

Anon, Ellesmere Port

"Compulsory payments. If you go for voluntary payments it will fall on the faithful few"

Chris Heathcote,
Portsmouth

Comment from the Editor

The pharmaceutical industry seems to be taking a bit of a bashing at the moment.

A Commons health select committee hearing caught the national media's attention last week when witnesses talked about bribery, falsification and the withholding of adverse results. And this week a European counter-fraud conference in London was again making some serious accusations, which the industry was not invited to defend.

The industry is not helped by the lay media's rhapsodising over snake oils and other folkloric remedies. Unfortunately, the same newspapers and magazines pay far less attention to the adverse aspects or dubious provenance of these 'therapies' or theories that gain much credence, particularly over an unregulated internet.

What is needed is for a campaign that promotes the positive benefits of medicines to the nation's health. The industry should shout a bit louder about its successes, and also about the robustness of the regulatory

processes. Why not emphasise that ethics committees need to approve and monitor patient trials?

What may also help is a Government-led co-ordinated campaign with the industry and health professionals. This could help people assess the merits and risks of therapies; to point out that a new drug will have been scrutinised for 10 years in R&D laboratories and to compare this to the potential perils of unregulated and unproven treatments.

But it seems that it is human nature to let individual personal experience have a far greater influence than any double-blind, peer-reviewed, extensively tested published trial. It's going to be a tough job.

The industry is not helped by the media rhapsodising over snake oils and other folkloric remedies

Your views

Please e-mail your views to chemdrug@cmpinformation.com

Independents have 'heart'

Having sold my business at about the same time as David Morgan (*C&D*, October 16, p22) and coming from the same neck of the woods, I can assure him that my experience of locuming for the multiples is virtually the same as his.

In fact having read the article my wife was convinced that I had written it using a pseudonym!

Last year I decided enough was enough and I wrote to the area manager of one of the multiples explaining why I would not be accepting any more bookings from them. I did not receive a reply. Then I wrote a similar letter to their head office but again no reply.

In the letters I had outlined exactly the same findings as David Morgan – that the branches were badly organised and also stressing that the computer system needed replacing and their delivery system was bizarre.

Fortunately since then I have worked solely for independent pharmacists and the difference is amazing.

Their pharmacies are well stocked, clean and tidy and well run and above all have 'heart'. Where the business is busy enough there are two screens in the dispensary – something sadly missing from even the busiest dispensaries of the multiples.

I read in the pharmacy press an article from one of the multiples stating that standard operating procedures were in place in its branches.

The next time I worked for them I asked to see the SOP. The reply from the dispenser was "S what?" The picture as far as the multiples are concerned is very different from that painted in the press or in any TV advertising.

Name and address supplied

For *C&D* to publish your letter, please include your name, address and a contact number or e-mail address

INDUSTRY
VIEWPOINTTwo pints of
lager and a
packet of
paracetamol

TOPICAL REFLECTIONS

Workforce problems threaten profession's future

The promise of a career for life, negligible risk of unemployment, and the opportunity to own my own business were some of the main factors that lured me into pharmacy. But if I were 18 again and deciding which university course to apply for now I'm not so sure that I would make the same decision. The opportunity to own a business has virtually disappeared for all but the most wealthy or ingenious young pharmacists and the spectre of unemployment after graduation now looms in the future.

The future of the pharmacy workforce, which has seemed stable and tightly controlled for so long, suddenly seems uncertain to say the least. So many conflicting measures will come into play over the next few years that no one seems to know exactly what the future will hold.

While Karen Hassell warns of a "retention crisis" (*C&D*, Oct 16, p4), my worst case scenario would be the downward spiral of an increasingly undesirable profession attracting members of an ever decreasing quality. While a boom in undergraduate places could almost double the number of students

graduating in a few years' time,
there is no sign of any
more pre-registration
places
than at
present (nor

any hint of where the extra academic staff might come from). So after a very expensive four years at university, a lot of pharmacy graduates could be looking around for alternative careers. As more places become available in medicine, the lure of a well-paid, well-recognised profession that guarantees employment will seem a better option for the brightest 18 year olds.

A lack of pre-registration places means that there may not even be enough pharmacists qualifying to keep current numbers up. Increased part-time working and longer opening hours, the loss of pharmacists to the demands of CPD and increased retention fees, and the abolition of the reciprocal arrangement with Australian and New Zealand pharmacists are all going to decrease workforce numbers. And this is all happening at a time when we need more pharmacists than ever. Forget the OFT report, there simply may not be enough pharmacists to staff existing pharmacies, never mind new ones.

As usual it all comes down to money, and the logical solution would be to increase the pre-reg grant from its present miserly rate to a sum that would make having a student a worthwhile consideration. My experience of pre-reg tutoring has been extremely positive but with all the other demands on my resources this is a luxury I can no longer afford.

A sight for dry eyes

I was intrigued by the advert in last week's issue for Systane lubricating eye drops (*C&D*, Oct 16, p41) but will wait for the promised recommendations from

ophthalmologists and optometrists before stocking the product. I'm always keen to learn about new products so I can recommend the best available to my patients. And while

Systane sounds worthwhile, the advert did not tell me how its manufacturer, Alcon, can justify such a high price tag.

At £5.99 for 10ml, this product needs to be considerably better than the alternatives already available. I can see why patients prefer a gel formulation over simple hypromellose drops but there are several other much cheaper gel formulations that seem to be more than satisfactory.

The advert provided plenty of useful information about dry eyes (I did not know, for example, that women suffer from dry eyes when approaching the menopause), but it did not explain how this product is better than the existing selection.

However, I will defer to the experts as usual and if the ophthalmologists are convinced, that's good enough for me.



Next time you pop into Boots to buy a medicine or get a prescription, you could pick up a few bottles of something stronger.

Boots has applied for licences to sell alcohol in 300 of its larger stores. They say that this will allow them to sell a wider range of gifts, including its Lagers of the World range. This move is sure to be criticised by many as a step too far but it illustrates the changes that are occurring in large retailers.

The big four supermarkets share a huge proportion of the UK spending on food and household goods. They have achieved this through retailing excellence and in particular by applying a compelling combination of convenience and low price. Using the same approach, they have captured a large and growing slice of the GSL medicines market. Boots selling alcohol, food retailers selling GSL medicines, where

The pharmacy
must look and
feel as if it can
offer quality
healthcare advice
and solutions

does this leave the traditional retail pharmacy?

Following the introduction of the new GMS contract, it is clear that access to a doctor, especially out of hours, is going to be difficult. Under its new contract, pharmacy, and particularly independent pharmacy, can become a viable alternative.

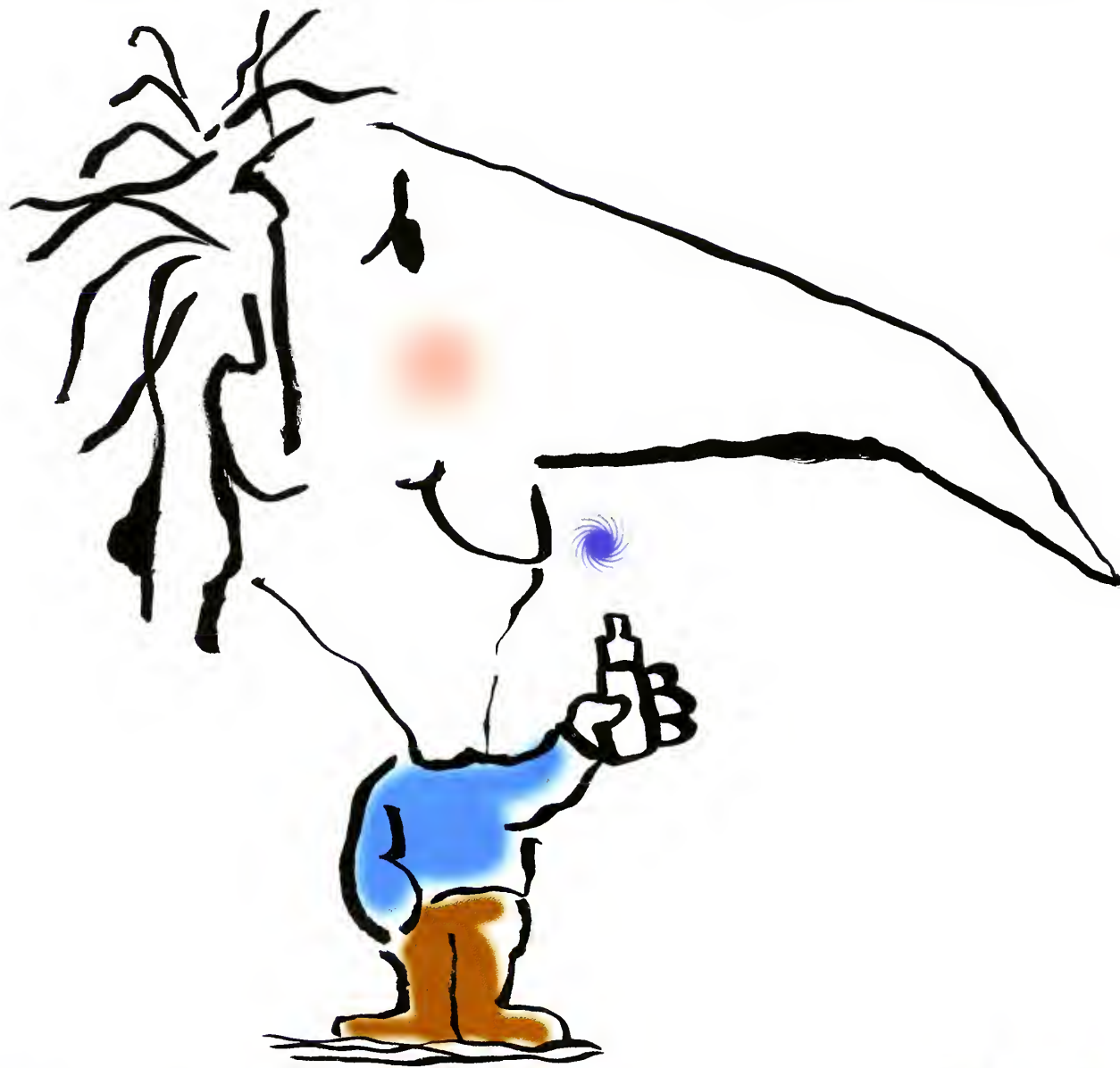
The pharmacy must look and feel as if it can offer quality healthcare advice and solutions. The staff must be professional and the pharmacist must be well informed and readily available. The multiples can and do offer this but a quality independent will always be able to offer more by focusing on excellence in personal service.

Written by a senior industry manager

Who knows

NOVARTIS

a fast way to break the congestion barrier?



Otrivine knows

You've always known Otrivine but did you know that it was the first topical nasal congestion treatment to contain xylometazoline?

Still unbeaten – it starts working in minutes and lasts for up to ten hours.

NO-ONE KNOWS NOSES LIKE

Otrivine[®]



Contains Xylometazoline Hydrochloride

OTRIVINE ADULT NASAL SPRAY. Presentation: Nasal spray containing Xylometazoline Hydrochloride 0.1% w/v. **Indications:** Symptomatic relief of nasal congestion, perennial and allergic rhinitis (including hay fever), sinusitis. **Dosage and Administration:** Adults and elderly: Spray and One application in each nostril 2 or 3 times daily. **Contra-indications:** Sensitivity to the ingredients. Trans-sphenoidal hypophysectomy or surgery exposing the dura mater. **Precautions:** Do not exceed the recommended dose or use for more than 7 consecutive days. Use with caution in patients showing a strong reaction to sympathomimetic agents, or with heart or circulatory disease. Advisable not to use in pregnancy. Each pack should be used by one person only to prevent cross-infection. Do not use the bottle for more than 28 days after opening. **Side Effects:** Occasional burning in nose and throat, local irritation or dryness of nasal mucosa, nausea, headache. Systemic cardiovascular effects have been reported. **Legal Category:** GSL. **Product Licence Nos, Trade Price and Suggested Retail Price:** Otrivine Adult Nasal Spray: PL 0030/0116 10ml £1.91, £2.99. **PL Holder:** Novartis Consumer Health, Wimblehurst Road, Horsham, West Sussex, RH12 5AB. **Date of Preparation:** September 2001

Dr Ann Walker says the recent advice to avoid sunlight could put some people at risk of vitamin D deficiency

The sunshine vitamin



THE COLLEGE OF PHARMACY PRACTICE

This course (module 1319), in association with multiple choice questions being published in *C&D* November 6, provides one hour's continuing education

Course Objectives

- To know the functions and sources of vitamin D
- To be aware of the different forms
- To be aware of the minimum requirements
- To be aware of the maximum safe levels
- To know who is most at risk of deficiency



Sunlight is our principal source of vitamin D, which the body derives from the action of UV irradiation on a sterol in the skin

Far from being solely of historical interest, vitamin D has recently re-emerged as a subject of hot debate on three main accounts. Firstly, surveys have shown that a large proportion of the population are at risk of low body status of the nutrient. Secondly, new evidence links low status to increased risk of a range of chronic diseases. Thirdly, Government-backed advice to avoid sunbathing to reduce risk of skin cancer runs contrary to the need for exposure to sunlight to produce vitamin D.

Sources

The body's natural supply of vitamin D (or coilecalciferol) is derived from the action of UV irradiation on 7-dehydrocholesterol, a sterol present in the skin. Colecalciferol is converted by the liver into calcidiol, which is the form in which vitamin D is transported in the blood. Calcidiol is converted in the kidneys to calcitriol, the active form.

This is the major source of the vitamin for people in the UK from April to October when sunlight is strong enough, as there is little vitamin D naturally present in the foods we eat. The best dietary source is fatty fish such as herring, mackerel and sardines, which are not major contributors to the diet. The only other useful sources are eggs and fortified margarine, breakfast cereals and yogurts.

Dietary supplementation often involves ergocalciferol, calcitriol or coilecalciferol (see box).

Supplementing and fortification

Vitamin D plays a key role in the body's calcium (and phosphorus) homoeostasis, by acting at two specific targets to maintain blood calcium levels within strict limits. These targets are the intestine, where vitamin D facilitates calcium absorption, and bone, where it aids calcium deposition. Furthermore, it is becoming clear that vitamin D also has an

important role in immune function and in regulating cell division.

Thus, it is as a regulator of normal cell growth that vitamin D has recently emerged as a key player in a surprising range of diseases. Although the evidence is mainly epidemiological and so can never fully prove a link, these studies have been impressively large scale, involving thousands of people. Links have been made to the risk and rate of progress of osteoarthritis, heart failure, SAD (seasonal affective disorder), hypertension, diabetes and polycystic ovary syndrome (PCOS), which has been associated with decreased insulin sensitivity.¹

Epidemiological studies from the US Women's Health Study (conducted on nearly 30,000 women) have shown that vitamin D deficiency may enhance abnormal auto-immune response, increasing the risk and progress of multiple sclerosis and rheumatoid arthritis.²

And there is more. Preliminary evidence a decade ago that adequate vitamin D may also help prevent cancer of the breast, pancreas, prostate and skin has been bolstered in the past 18 months by several studies. A further surprising discovery is that inadequate vitamin D levels in the elderly result in greater tendency to fall because of low muscle strength. This year alone, two studies have supported these earlier observations. Of course, further studies, including blinded intervention studies, are required to confirm the link with all these conditions.

Exposure to sunlight

Exposure of the skin to sunlight is by far the greatest source of vitamin D among the UK population. An adult with white skin, exposed for 15–20 minutes to sunshine in a bathing suit, generates around 250mcg of vitamin D. Longer exposure

Continued on page 22 ►

makes no difference, as blood concentration of calcidiol (the form in which vitamin D is transported) quickly reaches a maximum.

Current Government-backed advice from the SunSmart campaign of Cancer Research UK to avoid sunbathing completely to reduce skin cancer risk is, therefore, likely to lower the vitamin D status in the UK.³ Sunblock creams also lower the vitamin's synthesis. Medical journalist Oliver Gillie has highlighted the "Vitamin D dilemma".⁴ He argues that the risk of skin cancer and sunlight exposure is not a simple relationship, as melanomas can occur in skin areas less exposed to sunlight, implicating the involvement of other factors, such as diet.

In 1991 the Department of Health published dietary requirements for vitamin D (Table 1).⁵ No RNI (see box) is given for vitamin D for adults, as adequate exposure to sunlight is assumed, although values up to 10mcg daily are recommended for children, pregnant and lactating women and the elderly. However, an intake of 10mcg daily may be too low for those shunning the sun: for example, even 15mcg a day was insufficient for veiled Islamic women in Denmark to achieve normal calcidiol levels.⁶

Teenage and maximum safe intakes

Vitamin D is toxic when consumed long-term at intakes of more than 40mcg daily for children and 50mcg daily for adults. Over-consumption can give rise to hypervitaminosis D, which, in turn, can lead to hypercalcaemia, causing calcification of soft tissues (calcinosis) and reversible loss of kidney function. Infants are particularly at risk, as was experienced during the 1950s following excessive vitamin D fortification of infant foods. Since this time, recommendations on vitamin D supplementation have tended to err on the cautious side. Indeed, the Government's Expert Vitamin and Mineral Group recently recommended a safe upper level (SUL – see box) for

Terms to guide vitamin D use

- **Calcidiol** (or 25-hydroxyvitamin D) is the blood transport prohormone form of the vitamin. It is synthesised in the body from colecalciferol or ergocalciferol.
- **Calcitriol** (or 1,25-dihydroxyvitamin D) is the active hormonal metabolite of vitamin D formed from calcidiol.
- **Colecalciferol** (or vitamin D3) is a prohormone form of vitamin D synthesised in the skin by the action of sunlight and converted to calcidiol by the liver.
- **Ergocalciferol** (or vitamin D2) is a prohormone form of vitamin D sometimes used in supplements. It is derived from UV irradiation of yeast and converted in the body to calcidiol.
- **Vitamin D** is a generic name given to several prohormone forms and one active form. The prohormones are colecalciferol, ergocalciferol and calcidiol, while calcitriol is the active form.
- **RNI** – the reference nutrient intake is the daily amount of a nutrient that is sufficient to meet the mean (average) requirements of a given population plus two standard deviations, that is 97.5 per cent of a given population.
- **SUL** – the safe upper level is the intake that can be consumed daily over a lifetime without significant risk to health.

long-term intake of vitamin D of 25mcg a day from dietary supplements.⁷ This is lower than the upper safe limit of 50mcg daily for adults recommended by the EU Scientific Committee on Food.

Intake and deficiency

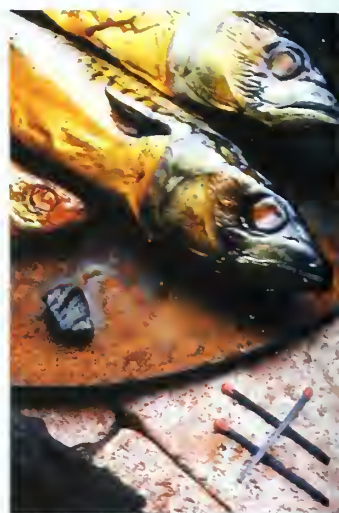
Deficiency of vitamin D reduces calcium absorption, causing rickets in children and softening of bones (osteomalacia) in adults. Among teenagers, such deficiency would lead to a lower peak bone mass (the maximum bone density attained in a lifetime, which is reached around the age of 20). A high peak bone mass helps protect against osteoporosis in later life.

Table 2 shows the average daily intake of vitamin D in the UK.⁸ Even the groups with the higher intakes show mean values of only a third of the RNI (Table 1). Teenage intakes are particularly low while, among the elderly, vitamin D intake is not greatly different among those in care compared with those living in their own homes.

But is intake related to body status? Fortunately, calcidiol provides a good blood marker of body status. It is commonly accepted that plasma values less than 25nmol/l indicate vitamin D insufficiency, referred to by some Australian authorities as "frank" deficiency. Using this criterion, Figure 1 shows the values obtained from the UK National

Diet and Nutrition Surveys across the age groups.⁸ On the whole, women and men were affected fairly equally; 19 to 24-year-olds and the institutionalised elderly were particularly at risk, with about 25 and 37 per cent respectively being classified as deficient. By contrast, the "free-living" elderly showed the lowest rate of vitamin D deficiency, despite similar intakes to their institutionalised peers (Table 2). This point emphasises the importance of the action of sunlight on the skin. Indeed, a seasonal variation in calcidiol level is well established in the UK, with winter levels dependent on the amount of vitamin D formed by the action of sunlight on the skin during the previous summer.⁵

Worldwide, vitamin D deficiency is now acknowledged as a much bigger problem than previously thought, especially in Australia and the USA. A Boston study showed that 25 per cent of teenagers were vitamin D deficient, and this greatly increased their risk of bone fracture. Recent reports indicate that rickets may be on the increase. To reduce the risk, the paediatric nutritionist Dr Brian Wharton recommends that, in temperate countries, pregnant women take vitamin D supplements of up to 25mcg a day.⁹ He further recommends that children are supplemented with vitamin D until puberty, particularly if they drink little



Certain fatty fish are a good dietary source of vitamin D

milk. Minor ethnic groups in the UK with heavily pigmented skin, or full covering, have increased susceptibility to deficiency. This is supported by a study of Muslim women in Australia who were lacking in vitamin D.¹⁰

There is clearly a need for a balanced public health message to emphasise the need for moderate exposure to sunlight for vitamin D synthesis while avoiding extended exposure to reduce cancer risk. Dr Michael Holick, a foremost authority on vitamin D in the USA, says: "Today we face what is, in fact, a medically significant epidemic of vitamin D-deficient people. Forty to 60 per cent of Americans are seasonally or chronically vitamin D-deficient. It is improper to suggest consumers can get all their vitamin D from the diet."¹

Supplementation

In the UK, our skins cannot synthesise vitamin D from November to the end of March, because of the weakness of winter sunshine. But blood calcidiol has half-life of only three weeks, so by mid-December summer stores are low, causing dietary sources to assume greater importance. For many people, low calcium intake is a strong risk factor for osteoporosis in old age, so adequate vitamin D status is essential to make the best use of dietary calcium. This is where supplementation would be of value, but it needs to be regular

Table 1: RNIs* for vitamin D intake in the UK (mcg/day)

Age	0-3 months	1-3 years	Adults**19-65	> 65
Vitamin D (mcg/day)	8.5	7	None recommended	10

* Reference nutrient intake ** 10 mcg for pregnant or lactating women

Table 2: Average daily intake (mcg) of vitamin D by age group in the UK*

Age (years)	1-4	15-18	19-24	35-49	50-64	65 and over
Females	1.2	2.1	2.3	2.8	3.5	2.92 (3.31)
Males	1.3	2.6	2.9	3.7	4.2	4.07 (3.79)

* National Diet and Nutrition Surveys (8); () = institutionalised.

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9

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Self-Assessment

Answers to Multiple Choice Questions

- FTTT
- TFTF
- TFFT
- FFTF
- FFTF

References

British National Formulary (most recent edition) London: BMA & RPSGB.
Stockley IH (ed). *Stockley's Drug Interactions*. 6th edition. London: Pharmaceutical Press, 2002.

Useful websites

Medicines and Healthcare Products Regulatory Agency provides information on Pharmacovigilance of medicines including herbal products www.mhra.gov.uk

Drugs generally produce a pharmacological response by binding to target proteins such as receptors, ion channels, enzymes or carriers. Exceptions are drugs that bind directly to DNA, such as anti-tumour drugs. When two or more drugs are taken at the same time there is the potential for drug interactions (DIs) to occur. The most common forms of interactions are those in which one drug may potentiate (increase) or antagonise (decrease) the effects of another.

MEDICINES USE REVIEW

Principles of 9 Drug Interactions

BY PROFESSOR CLARE MACKIE

Adverse drug interactions should be reported to the CSM using the same yellow card scheme in the same way as for adverse reactions to single drugs. The *BNF*, Appendix 1, is a useful source of information. It describes the nature of the interaction and the relative importance of the interaction.

Potentially hazardous interactions are identified by the symbol •. Where possible, the combined administration of both drugs should be avoided or undertaken with caution and appropriate monitoring. Drug interactions can be classified as pharmacokinetic (what the body does to the drug) or pharmacodynamic (what the drug does to the body).

Pharmacokinetic drug interactions can take place at any stage as the drug passes through the body.

Absorption

• **Complexes** can form in the gastro-intestinal tract resulting in **reduced absorption**. Examples of drug interactions involving complexes include antacids with iron. Most can be overcome by spacing the dose of each drug appropriately.

• **Gut transit time can be increased or decreased by co-administered drugs.** Drugs which speed up or slow down gastric emptying can therefore influence absorption. Drugs which slow transit time are rarely clinically significant in practice. In contrast, drugs such as metoclopramide can increase the rate of gastric emptying. This can speed up absorption as the drug is delivered to the small intestine faster. This interaction is exploited clinically with metoclopramide and analgesic combinations in the treatment of migraine.

• **Mucosal damage** may alter drug absorption. Cytotoxics can cause mucosal damage, so leading to impaired absorption of certain drugs such as phenytoin.

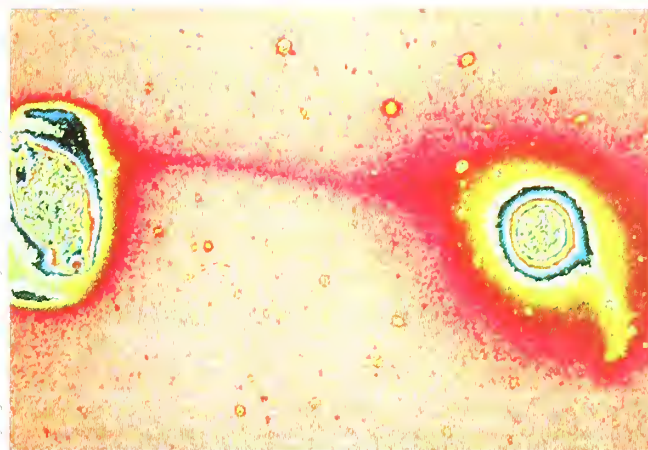
Distribution

Examples of extensively protein bound drugs include aspirin, methotrexate, phenytoin and warfarin. Where one drug displaces another from its binding site, there is generally an increase in the free drug level of the displaced drug. This increase is usually transient as the clearance of the displaced drug then increases, allowing a return to the previous free drug level. This type of interaction is normally only clinically significant if the drug has a narrow therapeutic range and a rapid onset of action, for example, methotrexate.

However, it may become clinically significant if displacement is combined with a decrease in clearance, for example due to reduced renal function or reduced hepatic metabolism due to enzyme inhibition. An example of this is aspirin and methotrexate. Aspirin displaces methotrexate from its binding sites, resulting in an increase in free methotrexate. In addition, both aspirin and methotrexate compete for the same mechanism of renal excretion (active transport), so the renal excretion of methotrexate slows, resulting in toxicity.

Metabolism

The majority of drugs are metabolised in the liver by the cytochrome P450 enzyme system, which usually renders the drug inactive or less active and prepares it for renal excretion. A number of important drugs speed up (induce) or slow



Royal Greenwich Observatory Science Photo Library

down (inhibit) one or more of the cytochrome P450 enzymatic cycles.

Enzyme Inducers

Enzyme inducers are relatively slow in onset and the maximum effect is not seen for 2-4 weeks. They increase the amount of enzyme, a process with a lag-time for onset due to protein synthesis. Examples of potent enzyme inducers include **phenobarbitone, phenytoin, carbamazepine and rifampicin**. This rise in metabolic enzymes increases the metabolism of lipid soluble drugs, resulting in lower plasma concentrations with the risk of therapeutic failure. The most clinically significant target drugs are those where the patient is dependent on the prophylactic action of the drug. Examples of **target drugs include corticosteroids, ciclosporin, oral contraceptives and warfarin**.

In clinical practice, the dose of the target drug is usually increased to maintain the previous effect. Inducers have a long offset of action of 2-4 months, so it is just as important to remember to monitor the patient and gradually reduce the dose of the target drug when the inducer is withdrawn. Many physicians are unaware of this fact. Smoking can also cause enzyme induction, which means that a smoker will generally require a higher dose of theophylline than a non-smoker. If the patient were subsequently to stop smoking, theophylline levels will increase gradually and may become toxic.

Enzyme Inhibitors

In contrast, enzyme inhibitors have a rapid onset of action of between 24-48 hours. They block an enzyme system so do not require protein synthesis and consequently there is no lag period before the effect takes place. Examples of potent enzyme inhibitors include **erythromycin, metronidazole, ciprofloxacin, cimetidine and allopurinol**. They decrease the metabolism of target drugs resulting in increased blood levels, which may lead to toxicity. The most clinically significant target drugs therefore tend to be those with a narrow therapeutic range and those exhibiting concentration-dependent toxicity. Examples of target drugs

include warfarin, verapamil, carbamazepine, phenytoin and theophylline

These enzyme inhibitors (enzyme inhibitors) often decrease and therefore alter the effect of a drug. They are probably the most common and clinically significant drug interactions that you will encounter in everyday practice.

Renal excretion

These interactions are only important if a large fraction of the drug is excreted unchanged (which only happens if the drug is water soluble) and the drug has a narrow therapeutic range. Clinically significant examples include:

- Amiodarone, quinine or verapamil. These drugs decrease the renal excretion of digoxin by up to 50 per cent. The dose of digoxin should be halved when such drugs are co-administered.
- Thiazides and NSAIDs decrease the renal excretion of lithium.

Enterohepatic cycling

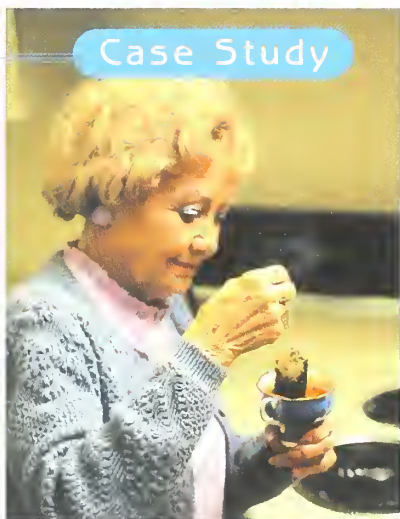
Gut flora can play a significant role in the reabsorption of certain drugs. For example, contraceptives containing oestrogen are conjugated (inactivated) by the liver and excreted into the intestine where gut flora break down the conjugate, allowing the oestrogen to be reabsorbed. This is repeated several times over a 24-hour period and is referred to as 'enterohepatic cycling'. Disinfecting the intestine (killing gut flora) with a broad-spectrum antibiotic (such as amoxicillin)

may result in contraceptive failure as the conjugate is excreted rather than being broken down to allow reabsorption of the active drug (the oestrogen) which is re-cycled.

Pharmacodynamic drug interactions

These are interactions between drugs which have similar or antagonistic effects or side effects. Pharmacodynamic drug interactions are usually predictable from a knowledge of the actions of the drugs.

- **Synergism** may be used clinically as in the case of the combination of the combined oral contraceptive. However, synergism is not always beneficial, as seen in the co-administration of alcohol and antidepressants.
- **Additive** effects are used clinically but can also be dangerous, as in the use of ACE inhibitors and NSAIDs where both drugs reduce aldosterone secretion and in combination may cause dangerous hyperkalaemia.
- **Antagonism** may occur at the receptor level, for example with beta-agonists and beta-blockers such as salbutamol and propranolol. Alternatively it may take place at the site of action, for example thiazides and NSAIDs in the kidney.
- Pharmacodynamic interactions may also occur due to **fluid and electrolyte disturbances**. Thiazide diuretics may cause hypokalaemia, which predisposes to digoxin toxicity. Digoxin binds with the 'Na⁺/K⁺ pump' (Na⁺/K⁺-ATPase) so when potassium levels are low digoxin becomes toxic even though plasma digoxin levels remain within the normal range.



Case Study

Mrs HM, a 77 year-old woman, presents a repeat prescription for a Canesten-1 pessary. Mrs HM confirms that she has used three Canesten-1 pessaries in the past fortnight. Further enquiry reveals that her doctor had taken a swab which came back negative for vaginal *Candida albicans* (thrush), but that she had been given a Canesten-1 pessary to have 'just in case' it was thrush. From her patient medication records you also note:

Medical history: Mitral valve replacement 1986. Angina 1992. Penicillin allergy.

Drug therapy: Warfarin 5mg at 6pm. Warfarin 1mg at 6pm. Atenolol 50mg in the morning. Nitrolingual spray PRN. Canesten-1 PRN.

On further discussion you find that her symptoms are vaginal dryness, pain and slight bleeding. You note that she has bruising over her body where her clothes make contact with her skin and a large bruise on her right calf about 14cm in length and 7cm across. Having noted she

is on warfarin, you ask when she last had her bloods checked. She confirms that she has not had her INR checked for a couple of months. She confides that she had missed her last clinic appointment because she was in hospital having a mastectomy. At this point, she produces a pack of tamoxifen 20mg tablets, dispensed and labelled 'one daily' by the local hospital pharmacy department and dated 10 days earlier.

Reflect on this case. What are your concerns?

Upon reflection...

- The symptoms are not suggestive of thrush – this is confirmed by the negative swab.
- Tamoxifen is an anti-oestrogen and has been given to stop the spread of her cancer following surgery. The side effects include vaginal dryness, pain and bleeding, the very symptoms of which she complained. Check your BNF. The Canesten-1 pessary is not appropriate.
- Mrs HM was taking 6mg of warfarin daily for prophylaxis following her mitral

valve replacement.

- The BNF Appendix 1 confirms that there is a drug interaction between warfarin and tamoxifen.
- Her warfarin should be stopped and she should be referred urgently for adjustment of her warfarin dosage, and a full blood count should be performed.

This was based on a true case. You may be interested in the final outcome.

Final outcome

- Mrs HM's INR had increased from 2.5

to 8.2. Her warfarin was stopped for 3 days and then restarted at a lower dose of 4mg daily.

- Counselling was required about warfarin therapy. Despite extensive bruising she did not realise this was a problem that she should have reported.
- Note she has a penicillin allergy. There is potential for drug interactions between warfarin and certain antibiotics, for example erythromycin or ciprofloxacin – check your BNF Appendix 1.

Self-Assessment: Questions

For each of the following questions indicate whether the statement is true (T) or false (F).

a. The following are inhibitors of the cytochrome P450 enzyme system:

- Phenytoin
- Erythromycin
- Metronidazole
- Ciprofloxacin

b. The following drug interactions are potentially hazardous:

- Ethanol and diclofenac
- Ethanol and naproxen
- Metformin and aspirin

- Propranolol and ibuprofen

c. The following drug interactions are potentially hazardous:

- Atenolol and amiodarone
- Atenolol and erythromycin
- Cimetidine and amiodarone
- Cimetidine and warfarin

d. The following is true of cytochrome P450 enzyme inducers:

- They result in an increase in the concentration of the target drug with possible toxicity.

- They have a quick onset and offset of action relative to enzyme inhibitors.

- Warfarin is a drug with a narrow therapeutic range, which may become toxic if phenytoin is co-prescribed without a warfarin dose adjustment.

- Cimetidine is an enzyme inducer.

e. The following drugs should be labelled with a warning to avoid alcoholic drink:

- ① Mincycline
- ② Amoxicillin
- ③ Metronidazole
- ④ Nitrofurantoin

and continuous. A supplement containing both calcium and vitamin D at RNI levels is efficient at preventing osteoporosis and has even been shown to reverse low bone mineral density in some studies. The only risks of supplementing with this combination are for patients suffering from sarcoidosis or hyperparathyroidism, or those taking thiazide diuretics or calcium channel-blocker diuretics, who should take this combination only under their doctor's direction.

Because of its potential toxicity, supplementation with vitamin D is always aimed at nutrient repletion (essentially to avoid deficiency) and not at higher optimal intakes as might be the case with, say, antioxidant nutrients. Hence supplements containing high levels of vitamin D are not available for over the counter use.

Conclusion

Called the sunshine vitamin, it is now well accepted that most of our vitamin D is obtained by the action of sunlight on the skin and not through diet. Lack of vitamin D is a health risk not only for osteoporosis, but also for a wide range of other conditions, according to mounting evidence. The problem of vitamin D deficiency on a large scale has been mostly overlooked in the UK, and the recent Government-backed advice to avoid sunlight totally to elude skin cancer may well exacerbate conditions associated with inadequate status.

For further information on vitamins, minerals and supplements, visit the Health Supplements Information Service website at www.hs.is.org.

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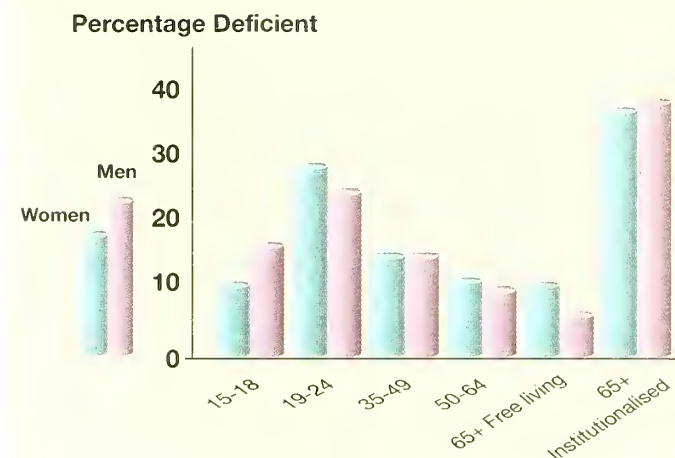
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Figure 1: National Diet and Nutrition Survey respondents (%) showing low vitamin D status (that is, plasma calcidiol less than 25nmol/l*)



A, Day, P. High bone turnover in Muslim women with vitamin D deficiency. *Medical Journal of Australia*. 2002; 177, 139-141.

Ann Walker PhD, MNIMH, CPP, RNutr, is senior lecturer in human nutrition (part-time) at the University of Reading. She has undertaken many randomised clinical studies on the effects of supplements for a range of health problems and is author of numerous papers and several books. She is also a herbal practitioner and treats patients attending her clinic with a combination of nutrition and herbal medicine. She acts as an independent adviser to HHS.



Eggs are one of the few foodstuffs which can provide a source of vitamin D

Actionplan

1. Read the BNF vitamin D section (9.6.4). Note that the term vitamin D includes a range of compounds. How many terms are used to define the vitamin D content of the products in your pharmacy? Is this confusing to you? If so, how about the public? Try to devise an equivalence table in your practice workbook.
2. The article suggests that vitamin D intake for the UK population is below the RNI. Why do we not all show signs of deficiency?
3. Do you think any of your customers may not be exposed to sufficient sunlight? What are you going to do about it? Problems may exist in some areas where cultural and religious customs preclude skin exposure. Can you think of a way round this problem?
4. In your practice workbook, list those products you will advise customers to take to ensure they do not become vitamin D deficient. List the maximum dose for each product and take into account the calcium content. Make sure your medicine counter assistants are aware of your recommendations.

Distance learning for pharmacists

Pharmacists using **Pharmacy Update** for continuing education are reminded of the need to test. With the support of Genus Pharmaceuticals, C&D's readers can self-test their progress by using the multiple choice question (MCQ) paper to be inserted in the November 6 issue, which will cover this week's CPP-accredited module, together with those in the October 9 and 16 issues. These will cover:

● **Respiratory viruses (1317)** ● **Children's medicines (1318)** ● **Vitamin D (1319).**

A telephone marking service offers independent verification of results – details on the monthly MCQ papers. People wanting to register for Pharmacy Update can contact Mary Prebble on 01732 377269.

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in association with



GENUS PHARMACEUTICALS

Scoring a goal against asthma

The majority of asthma patients can live totally or nearly symptom-free, claim researchers for the GOAL trial into Seretide (salmeterol/fluticasone propionate).

The international study looked at over 3,400 patients with uncontrolled asthma and compared treatment with inhaled

steroid alone (fluticasone) with Seretide. Patients were rated on the number of weeks they were symptom-free (no daytime or night-time symptoms, no use of reliever inhaler, no restriction in activity, no emergency visits etc).

Of patients who had previously been on low dose inhaled steroids, but their asthma remained

uncontrolled, 44 per cent who were randomised to Seretide achieved total control compared to 28 per cent of those who continued on inhaled steroids.

UK lead investigator GP Keith Holgate called the results "startling" and said it was the first trial to study whether symptom-free asthma was realistic.

Rival AstraZeneca criticised the study for the majority of patients not achieving total control. It added that adjustable dosing, possible with its product Symbicort, prevents patients being over or under-treated for their asthma.

For more information:

Am J Respir Crit Care Med 2004

CV benefit doubt for omega-3s

Omega-3 fatty acids may not provide any cardiovascular benefit, but there is no evidence they harm individuals either, found a Cochrane systematic review.

Evidence from 48 randomised controlled trials and 41 cohort analyses were examined and the results demonstrated no reduction in risk of cardiovascular event or total mortality for those taking additional omega-3 fats. This was irrespective of whether the fatty acids were consumed through diet or supplementation.

The researchers do not believe that consuming additional omega-3 fatty acids is detrimental, but they warn that such

supplementation should not be recommended to people with angina who have not had a heart attack.

Further quality trials are needed to confirm whether omega-3 fatty acids have a protective effect on heart health, and whether differences are seen from fish or plant sources and dietary or supplemental intake, the researchers conclude.

For more information:

www.thecochranelibrary.com

Cochrane Database of Systematic Reviews 2004; Issue 4.

Omega-3 fatty acids are found in oily fish. While taking additional supplements may not provide any cardiovascular benefit, there is no evidence of harm either



Scriptlines

Extra doses of Avandamet

GlaxoSmithKline has launched two extra doses of Avandamet (rosiglitazone and metformin; 2mg/1000mg and 4mg/1000mg) tablets.

Each dose comes as a pack of 56 tablets; Avandamet is licensed for treating type 2 diabetes who are unable to achieve sufficient glycaemic control with a tolerated maximum oral dose of metformin alone.

● GSK has announced it will withdraw Zantac (ranitidine) Hospital Pack 150mg due to very low demand and availability

of suitable alternatives.

For more information:

See Price List Supplement

GlaxoSmithKline

Tel: 020 8990 9000

Coloplast FP10 additions

Coloplast has announced it has received FP10 approval for Easiflex Soft Seal Baseplates from November 1.

The product comes in three custom-cut codes and various pre-cut codes, including 35mm and 50mm couplings.

For more information:

See Price List

Coloplast

Tel: 01733 368989

Alpharma goes to rNNS

Alpharma is changing its existing product names from BANs to rNNS in accordance with the legislation coming into force later this year.

Manufacturers must make the name changes in 12 months from December 1, 2004. The patient information leaflets will carry a message informing patients the name only of the active ingredient has changed.

For more information:

www.accessiblemedicine.co.uk

Alpharma Medical Information

Tel: 01271 311257

Fucidin IV name change

LEO Pharma has announced Fucidin for Intravenous Infusion will be known only by the generic name from November. Sodium fusidate 500mg for intravenous infusion will be assigned a new PI code; the NHS price is unchanged.

For more information:

Pip code: 111-8397

LEO Pharma

Tel: 01844 347333

Did you nose that... Otrivine provides powerful relief for congestion – lasts up to ten hours?

No-one knows noses like Otrivine®

Otrivine Adult Nasal Drops, Otrivine Adult Nasal Spray, Otrivine Adult Measured Dose Solution Spray, Otrivine Child Nasal Drops

Contains Xylometazoline Hydrochloride



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Nurofen offers more relief for back pain

Crookes Healthcare is expanding its Nurofen back pain range with sustained release ibuprofen capsules to be launched in November.

Nurofen Back Pain SR capsules contain 300mg ibuprofen in a sustained release (SR) format.

The capsules are formulated to provide targeted relief for up to eight hours, making them suitable to treat the long duration of back pain.

Dosage is one to two capsules



doses. The capsules are not suitable for children under 12 years.

The product can be used in conjunction with the recently launched Nurofen Pain Heat Patch.

Price: 12s £3.04, 24s £5.65

Pip code: 12s 308-6113, 24s 308-6121

Crookes Healthcare Ltd

Tel: 0115 953 9922

taken with water each morning and evening. At least eight hours should be left between the

Profoot steps out with more padding

Profoot is extending its footwear range with four padded products designed to provide relief from common foot problems.

Multi-use Gel Padding can be trimmed to fit any area of the body which is threatened by rubbing and pressure. The self-adhesive padding can either be applied to the skin or to the inside of footwear.

Bunion Protector is a thin gel-lined cushion designed to minimise the pain caused by bunions without affecting the fit or comfort of shoes or boots. The figure-of-eight polymer pad is positioned over the bunion and slipped over the toe at one end. The mineral oil in

the pad moisturises and softens areas of hard skin.

Heel Pads feature extra thick cushioning and a pre-cut removable insert to provide relief from painful heel spurs and general heel pain.

Heel Snug extra thick padding is designed to make loose fitting shoes a better fit, helping to prevent blisters, eliminate rubbing and prevent snags in hosiery.

Price: £2.99 for all products except Heel Snug (£3.99)

Profoot (UK) Ltd
Tel: 0208 492 1600



Not a dry eye in the house

Alcon Laboratories is launching lubricating eye drops for sufferers of tired and dry feeling eyes.

Systane Lubricating Eye Drops contain demulcents and HP guar which combine with tears to form a protective, viscous layer that binds to the corneal surface.

The gel-like barrier is formulated to stay on the corneal surface to provide long-lasting relief from dryness.



The product is suitable for relief of morning and end-of-day dryness and reduction in foreign body sensation.

It is not recommended for use with contact lenses as it can cause blurring.

Price: £5.99

Pack size: 10ml

Pip code: 303-

8965

Alcon

Laboratories

(UK) Ltd

Tel: 0800 092

4567

Pharmacy promotion for Sudocrem nappy cream

Forest Laboratories is launching a consumer promotion to support its Sudocrem nappy rash cream exclusively through independent pharmacies.

Five £200 shopping sprees at Gap or Baby Gap are being given away in a free prize draw.

Customers collect a leaflet from their local independent pharmacy complete the details and post off before the closing date of December 31, 2004.

For more information:

Forest Laboratories UK Ltd
Tel: 01322 550550

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National
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Should your customers need to use bladder weakness protection, there is a wide range of products available. TENA products are specifically developed to absorb urine, offering a high absorbency and thereby providing optimum security. The correct product will protect users most efficiently against bladder weakness and embarrassing odours, whilst allowing them total comfort. The choice of the most suitable product depends on your customer's particular degree of bladder weakness. The National Continence Check-up has been created to help your customers make the correct choice of TENA product.

For your **FREE** 'Oops...' Point of Sale material and in-store National Continence Check-ups, please call the **Pharmacy Advice Line** quoting C&D2310 on **0870 333 0874**

**The National Continence Check-up.
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Dr. Chris Steele,
GP and resident doctor
on ITV's 'This Morning'
programme

Incontact
www.incontact.org

registered charity number 1085095

**The
Continence
Foundation**
www.continence-foundation.org.uk
registered charity number 1014429

TENA
www.tena.co.uk

In association with these leading continence charities.

Max Meltus battles against Chestikov

SSL International is backing its Meltus brand with a £0.8 million TV campaign during the key cough season.

The campaign will be on air nationally from November 1 until January 9.

The humorous commercial features secret agent Max Meltus battling against the evil Chestikov who is set on unleashing nasty coughs on the world.

With the timely production of a bottle of Adult Meltus for Chesty



Coughs and Catarrh, hero Max ruins his plans.

The campaign focuses on the brand's maximum strength variant – Adult

Meltus for Chesty Coughs and Catarrh.

Eye catching point of sale material is available for independent pharmacies.

For more information:

SSL International
Tel: 0161 654 3003

Winter boost for Nasivin

Merck Consumer Healthcare is backing its Nasivin decongestant nasal spray with a £400,000 marketing programme running from the end of this month for four weeks.

The national campaign is targeted at cold and flu sufferers who want relief from the symptoms of nasal congestion.

It is designed to drive awareness and educate consumers on the benefits of using the preservative-free spray which contains oxymetazoline hydrochloride.

For more information:

Merck Consumer Healthcare
Tel: 01482 375234



New technology makes Lil-lets wipes even softer

Accantia Health & Beauty is utilising new material technology to improve the feminine wipes in its Lil-lets Solutions range.

Active Feminine Wipes are now manufactured with a spun lace fabric designed to offer softness and comfort while remaining flushable.

The wipes are 100 per cent biodegradable and contain lactic acid to provide natural protection

against intimate irritation by balancing pH at 4.0 to 4.5.

The product is available in two handbag packs of eight and a 30s bathroom pack with a resealable lid to keep them fresh and moist.

Price: two x 8s £2.35; 30s £3.99

Pip code: two x 8s 297-3592;

30s 286 6960

Accantia Health and Beauty Ltd

Tel: 0121 327 4750

Guidance on cholesterol

Copies of a new guide are available to support pharmacists dealing with customer enquiries relating to the diet and lifestyle management of cholesterol.

The free guide has been produced by Unilever Bestfoods, manufacturer of the Flora proactive range of cholesterol-lowering foods.

Additional ways to lower



cholesterol is an informative, easy-to-read guide that addresses commonly asked questions about lowering cholesterol.

It is designed for people who want to manage their cholesterol levels through diet and lifestyle and may also be taking statins.

For more information:

Flora team
Tel: 020 7255 1100

Elvive shapes up in style

L'Oreal is introducing a new look for its Elvive haircare range with updated packaging and improved formulations.

The nine Elvive sub ranges are being repackaged with a fresh, modern design in deeper colours.

The newly shaped bottles for the shampoos and conditioners feature easier-to-use caps and simplified

language. L'Oreal has added a higher concentration of the active ingredients in each product.

The shampoos and conditioners are now available in 250ml and 400ml sizes instead of 200ml and 300ml bottles.

Price: 250ml £2.69, 400ml £3.59

L'Oreal Group UK
Tel: 020 8762 4000

TVnext week

Aquafresh: All areas except U, CTV, GMTV

Askit Powders: GTV, C4, five

Astral Moisturiser: C4, five, GMTV

Bisodol: Sat

Blistex: GMTV

Bodyform: C4, five, GMTV, Sat

Caligif: C4, Sat

Canesten Duo: All areas except CTV

Clever White: GMTV, Sat

Just for Men: All areas

Lucozade Energy: All areas except U, CTV, GMTV

Lucozade Sport: All areas except U, CTV, C4, five, GMTV

Multibionta: C4, Sat

Radox aromatic bath essence: All areas

Radox herbal bath: All areas

Ymea: G, Sat

PharmaSite for next week: Zocor – window, Heartburn Care range – in-store, Radian B – dispensary

A-Anglia, B-Border, C-Central, C4-Channel 4, Five-Channel 5, CAR-Carlton, CTV-Channel Islands, G-Granada, GMTV-Breakfast Television, GTV-Grampian, HTV-Wales & West, LWT-London Weekend, M-Meridian, Sat-Satellite, STV-Scotland (central), TT-Tyne Tees, U-Ulster, W-Westcountry, Y-Yorkshire

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The RPSGB is making continuing professional development mandatory from January 1. Guy Thompson and David Temple, of WCPPE, ask if there is a better way to approach CPD

Hobson's choice?

When pharmacists get together in the current climate of change, the conversation will invariably touch on topical issues. The increase in the RPSGB retention fee; the impact of the practising/non-practising register; and the introduction of CPD are all much to the fore.

It is very easy to be critical of the RPSGB for its failure to communicate the basis for its policy decisions. Many older colleagues, often working as part-time locums, are writing letters to pharmacy journals stating that they are now seriously considering retiring from the active pharmaceutical register, partly due to the increase in their retention fee, but also due to resentment of the imposition of a rigid CPD recording system.

The consultation exercises undertaken by the Society on CPD and modernising the Royal Charter do not appear to have influenced the development of policy. For example, in the case of the Society's CPD system, two stages of pilot work preceded the roll-out of the Plan & Record materials and the associated online recording system, but no detailed evaluation of this work has been published for the membership.

In our experience of facilitating CPD in Wales, every pharmacist we meet has a view on CPD and, while most accept the need to 'do' CPD and appreciate its value, very few are positive about the Society's approach. This suggests that the RPSGB has failed to explain clearly what it expects members to do and to justify the CPD system that it has developed. But if we do not embrace this system, is there another way the profession could demonstrate its commitment to lifelong learning?

There are many examples of professional bodies developing systems to encourage a structured approach to CPD by their members. Many early approaches involved setting target amounts of attendance at continuing education events, which were then to be set up and verified by examining certificates of attendance. Problems often arose when attempts were made to direct individuals to 'higher quality' events by accrediting training providers or individual courses. While this approach might seem sensible, individual practitioners would often

complain that they were restricted if they could not choose subjects or trainers that they felt would best meet their individual needs.

As a consequence, many early CPD systems were modified to allow more flexibility in selecting formal training and also to make use of informal learning through work-based experience; reading relevant texts and journals; and other activities. Offering this level of flexibility does, however, present a problem in that it is then virtually impossible to develop a standard form of documentation to verify what an individual has done. As a consequence, most CPD systems ask individuals to compile a free-form 'portfolio of evidence' based on what they have done, a process that is very different from the structured online system developed by the RPSGB.

The Health Professions Council (HPC) was set up by Government in 2001 as an 'umbrella' regulatory body for 12 (soon to be 13) health-related professions. HPC

maintains registers and provides the regulatory role for each profession, while the individual professional bodies provide representation and support for their members. This model appears to be similar in concept to the recent restructuring of the

Pharmaceutical Society of New Zealand to affect a split into the Pharmacy Council (a regulatory body) and Pharmaceutical Society of New Zealand (Incorporated), a body to represent pharmacists.

RPSGB currently has both a regulatory and a representation role, but it might consider whether it has balanced its approach to CPD appropriately compared with the split role arrangements in HPC and most other professions.

The HPC has already

introduced Standards of Proficiency which 'oblige' registrants to "maintain their fitness to practise" and there is an expectation that all registrants must understand the need for "career-long self-directed learning". It has defined CPD as "... a range of learning activities through which professionals maintain and develop throughout their career to ensure that they retain their capacity to practise safely, effectively and legally within their evolving scope of practice". It has also set standards that

This model offers more flexibility than that offered by RPSGB



are to be met by all registrants of the professions that it covers.

The individual professional bodies under HPC determine the detail of how CPD will operate for its own members, based on meeting the HPC standards, which require that registrants must:

- maintain a continuous, up-to-date and accurate record of their CPD activities;
- demonstrate that their CPD activities are a mixture of learning relevant to current or future practice;
- seek to ensure that their CPD has contributed to the quality of their practice and service delivery;
- seek to ensure that their CPD benefits the service user; and
- present a written portfolio containing evidence of their CPD upon request.

This model offers considerably more flexibility in approaching CPD than that offered to pharmacists by RPSGB. If pharmacists had these standards to meet through CPD it would allow education and training provided through employers, in and around the workplace, to be linked to individual, self-directed learning to achieve their individual CPD more readily than the current model allows.

When an HPC-registered professional completes their equivalent to the RPSGB retention fee form each year, they sign a declaration that they are signed up to the HPC

Each portfolio will be read by two people, one from the registrant's profession

CPD requirements and are therefore already engaged in CPD. This process produces a very profound difference in the way HPC 'polices' its CPD system compared with the RPSGB.

Because of the declaration made by its registrants, HPC has stated it needs only to audit a sample of the membership of each professional group to verify that the declarations made are true. Initially in 2007 it will sample only 5 per cent of the membership of the first four professions (paramedics; prosthetists & orthotists; speech & language therapists; and orthoptists). Thereafter, from 2008, this figure drops to 2.5 per cent from each register when all 13 professions are subject to this audit.

Quoting from the consultation paper, HPC justifies this approach, saying: "We believe that this is safe to do because we trust that, as professionals, registrants will take responsibility for, and keep to, the standards of CPD."

This is in marked contrast to the RPSGB, which intends to inspect CPD records of every pharmacist over a three to five year time frame, so will examine records of between 20 and 33 per cent of the active register each year.

So what does the HPC demand of its registrants when they are included in the audit? If a professional is selected at random for review, they will be given 28 days to submit the following:

- a front cover using a pro-forma template
- a contents page
- a summary of practice history for the past two years (500 words max)
- a statement of how standards of CPD have been met (1,500 words max)
- documentary evidence to support the statement (the portfolio).

The registrant is required to take a critical and evaluative (reflective) approach to their learning and how it has impacted on their work. A number of prompt questions have been developed under each of the standards to help with the process.

The implication of the audit sample size proposed by HPC goes further than the number of its registrants that will be sampled each year. The material people submit is likely to be highly individual to them, but because of the small number of submissions that HPC

will call, each submission can be read in detail.

HPC indicates that each submitted portfolio will be read by two people, one of whom will be from the same profession as the registrant, and this will allow meaningful, detailed feedback to be provided. In addition to being practical, HPC also identifies that this approach is a cost-effective use of registrant's retention fee income.

The RPSGB, in being committed to large-scale sampling of the active register, is unable to adopt the same approach to assessing submissions and providing feedback. The structure of the online record has been developed to allow automated assessment using computers. The free text components of a pharmacists' record will be read by 'assessors', who will code the content of these small parts of the record to allow the computerised assessment to be completed and so generate automated feedback. The assessors used by the RPSGB for this task are largely non-pharmacists, so the potential for insightful feedback of online CPD records from the Society is negligible.

At this stage, the HPC CPD system, which is also subject to Privy Council approval, is going to all registrants for consultation through a series of 46 public meetings throughout the UK, culminating with another meeting in central London on November 29. The consultation document is available on the web,¹ and individual responses to the consultation are welcomed by the HPC up to December 6.

The system it proposes is largely based on the experience of CPD within the physiotherapy profession, where development projects have been running since the early 1990s. Recent work has also claimed that this system can demonstrate a link between participation in CPD and professional competence,² an aspirational aim of CPD that the RPSGB has yet to research. The long-standing research basis of the HPC scheme, plus the open publication of evaluation project reports, appears to have built confidence in the CPD proposals that HPC is putting forward. We wonder, by contrast, what would be the outcome if pharmacists were given the opportunity to comment on Plan & Record and the CPD Online system in an open public meeting of the type being offered to HPC registrants?

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1. *Continuing Professional Development – Consultation paper (2004)*. London, Health Professions Council (www.hpc-uk.org/consultation/cpd.htm)
2. *Allied health professions project: demonstrating competence through continuing professional development [CPD]*. London, Department of Health (www.dh.gov.uk/Consultations/ClosedConsultations/ClosedConsultations.Article/fs/en?CONTENT_ID=4071458&chk=2ck%2BYB)

David Temple is the director and Guy Thompson is the deputy director at the Welsh Centre for Postgraduate Pharmaceutical Education, Welsh School of Pharmacy, Cardiff University, 8 North Road, Cardiff, CF10 3LY (www.cf.ac.uk/phrmy/PHRMY-STAFF/GRT.html)

Scents and

With most of the year's fragrance sales condensed into November and December, Sarah Thackray reports that scented gifts are not to be sniffed at

It seems that unwrapping a fragrance gift set is a perennial winner on Christmas morning.

Just under a third of women say they usually receive fragrance as a present and the most popular purchases of women's scents in the run up to Christmas are sets offering value for money.

Both the male and female fragrance markets are highly seasonal, with the majority of the year's sales taking place in the last two months of the year.

And, with men being notorious for leaving their Christmas shopping until the last minute, it's not surprising that most sales of women's fragrances are concentrated into the final two weeks before Christmas.

Sales of fine fragrances have been rising faster than those in the mass market sector. Fine fragrance now accounts for 74 per cent of the female fragrance market and 70 per cent of the men's fragrance market.

Mintel predicts that mass brands will continue to lose out to fine brands as they become more affordable.

Scent wars

Discounting has helped make these fragrances more accessible to consumers. The prestige fragrance houses try to control sales of their brands by signing selective distribution agreements with those retailers they deem suitable. Yet a considerable amount of fragrance is sold at discounted prices by retailers

buying stock on the grey market.

Mintel reports that the prestige fragrance houses do not want to trade with multiple grocers and discount operations that do not convey the image they believe is necessary to sell their brands. Yet most of these outlets do sell fine fragrances by buying from the grey market on an unofficial basis which is not illegal and cannot be stopped by the brand owners.

The premium companies now incorporate security codes into the packaging to allow them to trace where grey market product has come from. However, some distributors are prepared to offload product onto the grey market in order to meet sales targets.

Mintel data shows that in 2002 Boots sold almost as much women's fragrance as all the department stores put together – 30 per cent in comparison with the 32 per cent sold by department stores.

Discount drug stores sold 12 per cent of women's fragrances, with 'other chemists' having 10 per cent of the market. Multiple grocers had a 2 per cent slice of sales.

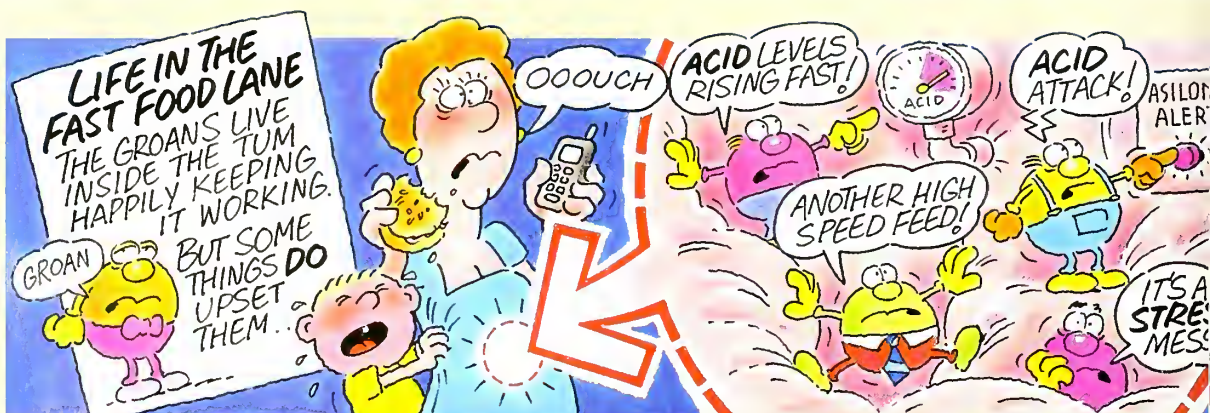
Online competition

It's not just the grocers and discount perfume operations that are widening the competition for fragrance sales.

Fine fragrances have also become increasingly available on the internet with many unauthorised websites selling products at significant reductions.

Soothe the Groans

Asilone Antacid Liquid contains 1g of Magnesium oxide 70mg, 1g of Aluminium hydroxide 420mg and 1g of Dimeticone 135mg. Indications: For relief of peptic symptoms. It is recommended in cases of heartburn, distension, flatulence, indigestion, and intestinal discomfort. Further information: from Thornton & Ross Ltd, Littlewood, Huddersfield HD7 5QH



sensibility

Research by internet retail group IMRG shows that online retailers (selling everything from food and drink to books and CDs) look set to benefit from a record £3.5 billion shopping spree in November and December.

This is a 40 per cent increase on the £2.5bn spent online last year and could take total online sales for 2004 to £14.9bn.

Boots is stepping up its assault on the Christmas gift market this year with plans to sell 2,500 lines in its stores – up 500 from last year. The size of each store will determine how many of these lines end up on the shelves.

The company will also extend its opening hours in the run up to Christmas but says it will leave it up to local managers to determine what the best opening hours are for their area. The stores will again offer gift-hunters value for money with a mix 'n' match three-for-two offer on selected gifts.

Boots says its customers responded well to these offers, helping the company achieve a 4 per cent like for like increase over last Christmas, following a 7.5 per cent increase the year before.

The most popular three products in toiletry gift packs are shower gel, bath foam and body wash, according to TNS GiftTrak data.

Creating interest

As market leader in toiletry gift packs, Lever Fabergé invests in extensive consumer and shopper research before developing its packs.

Adam Briggs, the company's Christmas business development manager, says: "It's essential we continue to offer new and exciting gift packs to keep shoppers interested each year."

Value for money and high value perception are both seen as key factors for a successful gift range. Mr Briggs believes gift packs represent a major opportunity for

retailers to enhance and grow their personal care category.

He says: "The power of Christmas as a way to recruit new users is sometimes overlooked, particularly on brands like Lynx and Impulse."

"Receiving a gift pack can often mark the beginning of a new consumer relationship. For existing users in one category we can generate trial and repeat purchase in another through the various personal care sectors that the gift packs straddle."

Ranging from £3 to £15, the new Lever Fabergé gift line-up is designed to cater for a wide range of consumer budgets.

David Allan, marketing director at Coty, pinpoints 'masstige' (a cross between mass market and prestige fragrances) as a rapidly emerging sector.

Coty products in this category are the House of Isabella Rossellini and Celine Dion fragrances, which come in Christmas gift packs ranging from £14.95 to £27.00.

He points out that Coty's Christmas gift selection is designed to "offer the consumer a wide variety of easy-to-purchase, price conscious gifts."

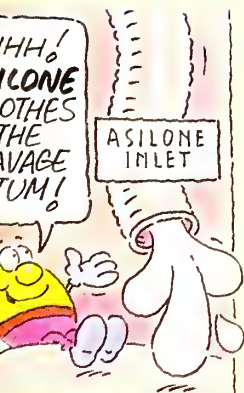
Gift-hunters' choices range from sporty Adidas toiletry packs to female classics like the ever-popular L'Aimant sets. The younger market is catered for with Chupa Chups and Exclamation fragrance gifts.

Mr Allen says: "All the gifts offer added value in the form of an additional ancillary offering to the consumer and are in presentable boxed packs, making them an easy, covetable Christmas choice."

"The power of Christmas as a way to recruit new users is sometimes overlooked"



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The Comfort Zone for Tummy Groans



Xmas

What's new in Christmas gift ideas for pharmacies

Christmas partygoers can transform daytime make-up to a sparkling evening look with Collection 2000's new limited edition Day to Night Colour Kit.

The double layer kit comes in a choice of two colour combinations with a handy mirror.

The Party Pink version contains Lustrous Lilac and Sweet Sugar Pink pearlescent eyeshadows, two glittery lip glosses in Candy Sparkle and Snow Sparkle, plus an ultra-fine Face & Body Shimmer Powder to add sheen.

The Gold Glamour kit includes shimmering Metallic Bronze and Glimmering Gold eyeshadows and pearlescent lipgloss in Crimson Shimmer and Soft Copper. Face and Body Shimmer Powder in Soft Gold adds a glamorous glow to pale winter skin.

The kits (£4.99) will be in selected Boots stores from the end of October and available to independent pharmacies from the end of November. Collection 2000 Ltd
Tel: 01695 727317



Practical treats from Lever Fabergé include a choice of five Dove gift combinations and four Impulse sets including a Body Shimmer pack comprising Siren body fragrance, shimmer body spray, lip gloss and nail varnish.

Gifts for men include the new Lynx Get Fresh limited edition fragrance and Physio Sport packs containing a deodorant, body spray and shower gel with a choice of branded rucksack or washbag. Lever Fabergé
Tel: 020 8439 6100



Novel ideas in the Adidas collection of men's Christmas packs include a beanie gift set.

The gift box contains a grey Adidas branded 'beanie' hat with eau de toilette (100ml), body spray (150ml) and shower gel (250ml).

Also new in the range is a washbag gift set which combines an Adidas branded black washbag, eau de toilette (50ml), shower gel (250ml) and soothing aftershave balm (100ml).

Retailing at £15 and £13 respectively, both sets are available in a choice of two men's fragrances. Coty (UK) Ltd
Tel: 020 8971 1300

The new I Love Me fragrance from Chupa Chups is all wrapped up for Christmas in four brightly coloured gift sets selling for just under £10.

Targeted at teenage girls aged 16 and over, the duo pack of 30ml eau de toilette and 75ml body spray (£9.95) comes in four fragrances – Urban Groove, Pop Vinyl, Night Fever and Soul Shine.

Coty (UK) Ltd
Tel: 020 8971 1300

Making a pretty yet practical locking filler, the new Nailoid file is decorated with eye-catching gemstones delicately etched into attractive patterns.

Available in lead crystal, the file features a micro-fine surface making it easy and comfortable to use. It is gentle enough to be used

on the nail plate to eliminate stains and ridges.

Richards & Appleby says the file will not wear down and can be refreshed by immersing in warm water.

Retailing at £9.95, it comes in an aluminium case. Richards & Appleby Ltd
Tel: 01685 843384

Jose is a sensual new unisex fragrance duo from Monaco-based Jose Eisenberg.

Initially only available through The Covent Garden Pharmacy in London, the UK distributor wants to build distribution in independent pharmacies trading at the more premium end of the market.

The fragrance contains the traditionally masculine notes of patchouli, amber and sandalwood.

It comes in eau de parfum (£38, 100ml) and eau de toilette (£36, 100ml).

The products are presented in 'his' or 'hers' crystal bottles designed to appeal to the preferences of men and women. The eau de parfum bottle is curvaceous and more feminine than the straight lines of the eau de toilette bottle.

Grafton International Ltd
Tel: 01827 280080



Especially for Christmas, SSL International is introducing a Scholl Party Feet gift pack in a stylish black evening purse.

Flirty Feet Fix (£8.99) contains a pair of Scholl Party Feet Gel Cushions to help prevent pain in the balls of the feet when wearing high heels.

It also includes a purple nail varnish, conditioning topcoat, purple emery board and purple toenail separators. SSL International Plc
Tel: 0161 654 3000



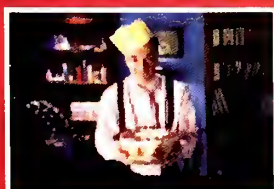
**Q: Too much
of a good thing
at Christmas?**

A:



Santa

Rudolph



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* IRI unit sales 52 w/e 7 August 2004

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Beauty news

A round-up of latest news in the beauty business

Return of a beauty classic

One of the cosmetic industry's best-known brands in the 1970s and 1980s is being reintroduced into pharmacies this autumn after six years off the market.

Outdoor Girl, which was previously owned by Max Factor, is being relaunched by Girl Cosmetics.

Despite its recent absence from the market, research shows that 82 per cent of women over the age of 25 remember the brand today.

Targeting women aged 25 and over, the new-look range has initially been launched with Pure Lash Mascara and Kohl Pencil (both in black only) and Glide-on Lip Gloss in four shades. Retail prices range from £2.99 to £4.99.

Girl Cosmetics is planning to gradually extend the range over the next year. November will see the launch of Precision Liquid Eye Liner (black only) and Eyeshadow Powders in four



shades. Both products will retail for £4.99. Further additions are planned for January.

Available to pharmacies through Enterprise, all items will feature introductory prices, counter merchandisers and gifts with purchase consumer incentives.

Charlotte Chambers, managing director, says: "We want to build a range of stylish classic cosmetics – good basic, high performance products such as lipsticks, eyeshadows and face powders in wearable shades and at affordable prices."

Girl Cosmetics Ltd
Tel: 01264 852030

How natural are 'natural' products?

Today's women are increasingly interested in truly natural beauty products, according to Sarah Stacey and Josephine Fairley, two of Britain's most experienced beauty journalists.

In their revised and updated book, *The 21st Century Beauty Bible* (Kyle Cathie, £14.99), they point out that the challenge for would-be 'natural beauties' is identifying what's what.

"If it was as clear as choosing between skincare which is labelled 'natural' or 'high-tech', life would be easy," they say.

However, they point out: "There is absolutely no legal definition of what's natural and what's not. Many ranges put a back-to-nature, feel-as-if-you're-frolicking-through-a-spring-meadow marketing spin on what is essentially an almost exclusively synthetic product."

The writers say that as 'organic' increasingly means 'trustworthy and desirable' to

shoppers, many companies claim their products are 'organic' when, in reality, only a tiny percentage of ingredients are from plants grown without chemicals.

The book suggests one shortcut to finding natural skincare is to look for products that carry the symbol of an organic certifying body like The Soil Association.

The writers agree many natural colour cosmetics don't yet perform as well as their high-tech rivals.

They advise women who want to use products that are as natural as possible to try to avoid the following ingredients:

- diethanolamine (DEA)
- triethanolamine (TEA)
- formaldehyde
- isopropyl alcohol
- methylisothiazolinone
- paraffin
- petrolatum
- propylene glycol
- sodium lauryl sulphate
- stealkonium chloride
- synthetic colours

British men lag behind in grooming habits

British men's grooming habits are falling short of our European counterparts, according to a new Datamonitor report.

The survey shows that British men spend £45.50 per head a year on personal care products. In comparison, the French spend £68, followed by the Germans, with £50, and the Dutch, £47.

"While men's personal care is a growth industry and attitudes are changing, breaking the 'macho barrier' is no easy task," says

Lawrence Gould, Datamonitor consumer market analyst.

Indeed, more than a third of men in Europe and the USA agree that openly paying too much attention to their appearance is an effeminate trait that deters them from purchasing grooming products.

"The shift in men's attitudes to personal care certainly represents a great opportunity in coming years, but manufacturers and retailers need to tailor products to

men's particular needs, attitudes and expectations to truly make the most of it," says Mr Gould.

Datamonitor's survey shows that men are often embarrassed to browse in what they see as a predominately female area. It reveals that 39 per cent of men dislike spending time shopping for personal care products.

More than a quarter of men admit to having left a shop without making the purchase they intended because they have

found the retail environment uncomfortable.

Mr Gould believes this reticence can be overcome by placing male grooming products near to more traditionally male products and not among women's cosmetics and toiletries.

"Uneasy men can then maintain the appearance of simply casually browsing the moisturisers as a distraction from shopping for products more traditionally within the remit of men," he says.

Promotion

AAA Sore Throat Spray – the STRONGEST Benzocaine sore throat spray available

Research conducted by MANX

Healthcare has shown that when it comes to sore throats, the factors that influence consumers

buying are "soothing, pain relief, spray format for immediate direct relief, and taste". Consumers are also trading up to higher strength P treatments, indicating sore throats are being taken more seriously.

AAA Sore Throat Spray delivers Benzocaine 1.5mg BP [1.50% w/v] metered doses directly to the spot, with its long spray arm, for fast and direct relief of pain for sore

throats. It is the strongest medicine of its type that is available. With a pleasant aromatic flavour of clove bud, peppermint and menthol, it is a local anaesthetic and can be used for 2-3 hours. Recommended for 6 years old and upwards.

Another benefit is that **AAA Sore Throat Spay** contains an antiseptic agent, cetylpyridinium chloride, to help treat the minor infection which may be associated with sore throat conditions. With a compact and easy to use metal canister, preferred by consumers, **AAA Sore Throat Spay** is ideal for carrying around.



A deeper beauty

The cosmetic industry is often viewed as an easy target by critics who see it as being too frivolous, vain and about superficial values. Yet, beauty is more than just skin deep according to Dr Chris Flower, director-general of the Cosmetic, Toiletry and Perfumery Association (CTPA).

"We know that beauty and personal care products perform a more fundamental role than simply pampering," he says. "People's confidence, health and wellbeing are often affected by how they feel about their appearance. Personal achievement, both in the workplace and socially, are contingent on how we present ourselves to the outside world. That's why I strongly believe our industry plays an important role in underpinning the nation's self-esteem."

As part of a two-stage research

project, the CTPA commissioned leading think-tanks, Demos and the Work Foundation to produce reports on self-esteem and its impact on society.

They asked the questions: what does self-esteem mean to people and how do people in Britain today rate their self-esteem; what role does self-esteem play and what is its value; how can high self-esteem individuals benefit society as a whole and how is this reflected in workplace productivity?

The first report, the *Self-Esteem Society*, commissioned from Demos, paints an upbeat picture of the nation's self-esteem. It reveals that only 6 per cent of the population has low self-esteem with nearly four in 10 rating their personal wellbeing as high or very high. When asked to define self-esteem, 65 per cent of people said it means self-respect

and only 4 per cent said status.

According to the research author, Helen McCarthy said: "The report gives a clear understanding of the factors that contribute to high self-esteem: family values are vital, friendships and a rewarding job are important, but confidence in appearance was key for 93 per cent of people."

"Clear evidence," says Dr Flower, "that how we present ourselves is an important ingredient in our individual sense of self-esteem. Using cosmetics and personal care products means something different for each and every one of us as it gives us our identity. For some people it is about looking beautiful, for others it is about feeling younger or looking for a sense of fun but for many it's simply about feeling cleaner."

"How we look, and how others think we look, matters a great deal and are important aspects of our self-esteem. This is not because we have all become vain and self-obsessed; rather, it is because this is central to defining us as individuals. But self-esteem has another important role to play: a role that has a direct impact on our economy."

Self-esteem is revealed as a key driver of growth and productivity in the workplace in the second CTPA report out this week. *'Me, Myself and Work'*, commissioned from the Work Foundation, argues that building self-esteem will lead to a more productive workforce in the UK and should be an essential part of social and economic policy.

According to the report author

Andy Westwood, "as the job for life has disappeared, the need for high levels of self-esteem has increased to deal with what is considered to be a riskier world of work. In turn, self-esteem underpins a greater desire for new skills through training in order to succeed in the workplace."

Putting a value on the self-esteem sector for the first time, the report estimates the sector to be worth around £15 billion. It also calls for a reassessment of the value of self-esteem to UK plc - both as a contributing factor to productivity and as an industry in

its own right. "The cosmetic industry is worth £6bn, which means it makes up 40 per cent of the thriving and vibrant self-esteem sector," says Dr Flower. "Now is the time to recognise the positive benefits of creating a self-esteem society, because self-esteem matters. It is the modern day survival kit for everyday living in our complex and changing world." For more information: www.ctpa.org.uk/research

Making sense of risk



Risk communication was a key focus at the cosmetic industry's annual conference near Bristol last week. Entitled "Consumer Trust, Working Together for a Better Future," the CTPA programme began with a keynote speech on risk assessment by Professor Vera Rogiers, head of toxicology from Vrije Universiteit Brussels. This paved the way for a lively debate from a panel of speakers including the Science Media Centre, Breakthrough Breast Cancer as well as member companies who discussed the responsibilities of the media, industry and regulators in preventing a risk adverse society.

"Risk matters a lot," said Fiona Fox from the Science Media Centre. "It matters because it could be costing lives - be that through falling rates of children receiving the MMR vaccination, or falling rates of women taking HRT. Perceptions of risk infiltrate every aspect of our lives from food to medicine to our cosmetics."

Yet, according to one of the panellists, popular science writer Dr John Emsley, there is a confusion over scientific language and dosage: "Things can appear more threatening than they are if you use units the general public do not understand, such as parts per billion. One part per billion of a chemical in a cosmetic can sound life threatening, yet in terms of time, this is the equivalent of one second in 30 years."

Dr Chris Flower, director-general of the CTPA, closed the debate on risk with the words: "The most effective response from industry and government scientists must be to improve the communication of risk. This means using non-technical language, presenting information clearly and finding ways of explaining scientific processes to a lay audience."



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Please send your expression of interest including details of experience and recent contracts held to David Bailey, Supplies Manager, Nottingham City Primary Care Trust, Standard Court, Park Row, Nottingham NG1 6GN. Tel: (0115) 912 3347. Email: David.Bailey@rushcliffe-pct.nhs.uk

Closing date for the receipt of expressions:
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Chemist & Druggist's web site – www.dotpharmacy.co.uk – has introduced a service that offers pharmacists free legal advice from a leading solicitors' firm.

The service – dotLaw – is being run with the co-operation of Charles Russell, whose specialist legal fields include pharmacy matters.

Pharmacists are advised to e-mail their questions to – pharmlaw@cmpinformation.com – along with their full name and the name of their pharmacy. The latter two details are for C&D's records only – pharmacists' identities will be kept anonymous when the answers are published.

All the questions and Charles Russell's replies, which will be available in two working days, will appear on a new dotPharmacy page called dotLaw.

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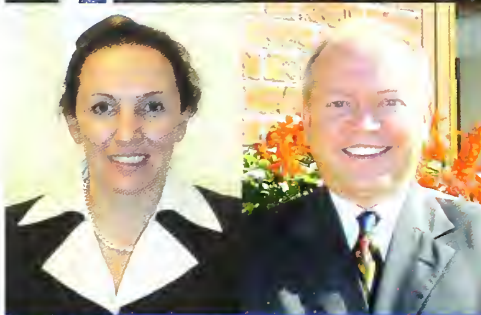
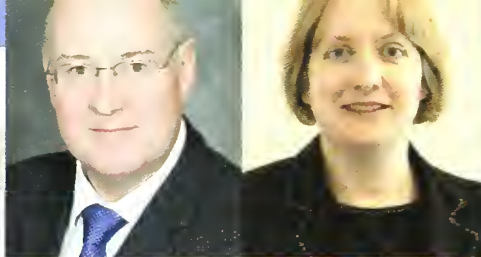
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Clockwise from top left: Andy Brough, Christine Thomas, Ralph Ahrbeck and Sarah Byrne-Quinn

The Proprietary Association of Great Britain has announced the appointment of **Trisha Goulden-Oliver** as self-care manager. Ms Goulden-Oliver is a midwife and nurse and, until recently, worked as a project manager for the NHS Modernisation Agency. At PAGB she will be responsible for co-ordinating its 'Joining up self-care in a PCT' study that is taking place in Erewash PCT.

Andy Brough has been named director of Boehringer Ingelheim's consumer healthcare division. Mr Brough has been with the company for seven years, and has been OTC category director since August 2003. He replaces **David Wright**, who has been promoted to the position of head of global marketing at Boehringer Ingelheim, Germany.

Christine Thomas has left Organon to join Pfizer as national access manager. Ms Thomas's responsibilities will include developing partnerships with health technology assessment organisations such as NICE, the Scottish Medicines Consortium and

the All Wales Medicines Strategy Group.

Alliance UniChem has strengthened its management team with the appointment of **Ralph Ahrbeck** as director of group commercial affairs. Mr Ahrbeck joins from Roche Pharmaceuticals where he was regional head of Europe for the OTC division.

Sarah Byrne-Quinn has joined Smith & Nephew as group director for strategy and business development. Ms Byrne-Quinn's most recent position was senior vice-president of strategy and corporate development at Cable and Wireless.

The Mentholum Company has named **Jill Ritchie** as its product group manager within UK sales and marketing. Joining from herbal specialist Bioforce, Ms Ritchie will be responsible for developing and marketing a Mentholum's product range for customers in the UK and Eire.

The biopharmaceutical company Neutech Pharma has appointed **Alan Cooke** to the position of commercial development head. Mr Cooke joins from global pharmaceutical company Pharmion where he was vice-president of international marketing. At Neutech, he will work towards commercial marketing of Mycograb and Aurograb. The products have been developed to combat antibiotic-resistant infections.



Shenu Barclay in Clarshire Pharmacy, winner of the Feet First Pharmacy 2004 award sponsored by Mycota

Best foot forward

Clarshire Ltd in Old Coulsdon, Surrey has won the title of Feet First Pharmacy 2004.

Chosen from hundreds of entries, pharmacist Shenu Barclay impressed the judges with her professional approach to footcare. She said: "We see at least one person a day with athlete's foot and more on a Saturday. We give

out leaflets and advice about both treatment and prevention, as well as explaining how to use the product recommended."

As part of the prize, the pharmacy received a trophy, posters and a framed certificate. The competition was sponsored by the Thornton & Ross brand Mycota.

Graham Ford

Graham Ford of Pfizer Consumer Health has died. The following tribute has been submitted by Keith Cooke:

It is with great regret and deep sadness that I have to inform you that Graham passed away peacefully in his sleep in the early hours of October 10.

As many of you know, Graham had been battling with cancer and, since Christmas 2003, he had been slowly deteriorating. He was delighted to be able to celebrate his 60th birthday in March with family and friends at

the local pub, something which he had set his heart on during December 2003 when he was very ill. I know that he was appreciative of the messages of support he received.

Graham had showed tremendous stamina throughout his battle and I am pleased to say he never lost his sense of humour or his desire to enjoy life to the full and it was only over the last couple of months that he had to bow to the inevitable.

All of his immediate family were with him.

Four run marathon for meningitis

Four pharmacists from University Hospital Wales spent their Sunday running the streets of Cardiff for a good cause earlier this month.

And their efforts have paid off for the Meningitis Trust. Sarah Gage, Suzanne Davies, Karen Aslan and Sarah Jones raised between £300 and £400 after running the Cardiff Half Marathon on October 3.

Anyone wishing to make a donation can do so via the charity's website at www.meningitis-trust.org.

Anyone up for a BLF cycle challenge?

The British Lung Foundation is calling for individuals to take part in its cycle challenge next year.

Starting at Land's End on May 10 and going all the way to John O'Groats, participants are required to cycle almost 1,000 miles in just 12 days. Anyone wishing to take up the challenge will need to raise a minimum of £2,250.

Places can be reserved for £199 by e-mailing the charity at events@blf-uk.org or by phoning 020 7688 5581.